



Event Planning Form

Please complete and submit this form 30 days prior to the event. Incomplete forms will delay the approval process.

| | | | | |
|------------------------------------------|--|--|--------------------|--|
| Title: | | | Run Dates | |
| Event Manager: | | | Time: Start | |
| Location: | | | Time: End | |
| Estimated Number of Participants: | | | | |

Services Needed (Select all that apply):

☐ Transportation
 ☐ Decorations
 ☐ Audio/visual Technology
 ☐ Vendors
☐ Seating
 ☐ Security
 ☐ MPD
 ☐ Behavioral Team Support
 ☐ Other: _____

| Summary (Please describe the event, including its purpose and outcomes expected.) | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <p>1. Event Title: [Insert Title]</p> <p>2. Purpose: [Insert Purpose]</p> <p>3. Outcomes Expected: [Insert Outcomes Expected]</p> |

[illegible]

| Funding/Budget (Please attach quotes and/or prices of items/services needed.) | |
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| Cost of venue | \$ _____ |
| Decorations | \$ _____ |
| Transportation | \$ _____ |
| Security | \$ _____ |
| Food | \$ _____ |
| Other _____ | \$ _____ |
| Total: | \$ _____ |

| Planning Committee (Please detail the staff to be involved and their roles.) | |
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Contingency Plan (Please describe alternate plans for the event.)

Have you considered the following?

☐ **Transportation** ☐ **Location** ☐ **Difference in Cost (detailed)** ☐ **Transportation**

[illegible]

Project Task Information

[illegible]

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| | |
|-----------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Financial Clearance | Authorizing Official Name: |
|-----------------------------------------------------|-----------------------------------|

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| <input type="checkbox"/> Facilities Clearance | Authorizing Official Name: |
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| Security Clearance | Authorizing Official Name: |
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| Administrative Review | Authorizing Official Name: |
|------------------------------|-----------------------------------|

| Comments | |
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