VANIER
CÉGEP/COLLEGE

Event Planning Form

(To be used by staff, faculty and students for internal college related events)

Good planning is essential to a successful event. This pre-event planning form provides you with a series of questions to consider when planning your next organizational event. Please keep in mind that all activities should be consistent with College policies and procedures, as well as the mission of our College.

In order to allow for optimal planning of your event, we suggest this form be completed 1-2 months prior to your event. This should give you adequate time to plan appropriately.

INFORMATION OF PERSON COORDINATING EVENT

Name(s):_____

Email(s):_____

Date: _____

Contact Info: _____

EVENT INFORMATION

Event Name: _____

Event Date:_____ Event set-up time: _____

Event Time: _____ Event take down time: _____

Event Location: _____

(Please ensure that the space is available and that you have booked it with the appropriate body)

Backup Location (if needed): _____

Estimated number of people attending: _____

Type of Event:

- ☐ Concert
- ☐ Speaker
- ☐ Sports/Competitions
- ☐ Conference
- ☐ Social Activity
- ☐ Other

How does this event/activity promote the mission of our college?

_____

_____

_____

_____

_____

****Please attach a detailed description of the event/activity that you are planning, which should include the booking confirmation of the event locations, a proposed itinerary, timeline and budget.****

1.) Is your activity an Open Event? (Open to the general public) ☐ Yes ☐ No

If so, what are your plans for crowd control? **You may need to have additional Security*

_____

_____

_____

2.) Will your event require the assistance for parking and traffic control? ☐ Yes ☐ No

3.) Will your event be hosting a large amount of individuals or require the assistance of Security Services? ☐ Yes ☐ No

If so, contact Security as soon as possible to request officers.

4.) Is there alcohol involved with your activity? ☐ Yes ☐ No

If so, you need to review the procedures on Serving Alcohol during a Social Event Beverage and obtain permit
http://www.vaniercollege.qc.ca/bylaws-policies-procedures/serving-alcohol-during-a-social-event/

5.) Will anyone under the age of 18 be involved with your event/activity? ☐ Yes ☐ No

6.) Are you using the College logo or trademark for your activity (i.e. advertising, t-shirts)? ☐ Yes ☐ No

If so, contact the Communications Department to get design approval.

7.) Are you planning on posting flyers or advertising on campus? ☐ Yes ☐ No

If so, contact the Communications Department and Student Services for approval of advertising

8.) Does your event involve the sale/distribution of items on campus? ☐ Yes ☐ No

If so, be sure to get approval through the Office of Student Services by filling out the form for Fundraisers

9.) Have you reviewed your budget as it relates to this event/activity? ☐ Yes ☐ No

10.) Will your event be utilizing production equipment (i.e. sound, stage, lights, etc.)? ☐ Yes ☐ No

If so, make sure you have talked with Facilities Services or the Space Manager to reserve this equipment.

11.) Will you be serving or handling any type of food product at your event? ☐ Yes ☐ No

If so, make sure that you have reviewed the food handling/preparation guidelines and/or obtained the appropriate food handling licenses. Note: Group Compass should be used for all on-campus events.

12.) What other resources must be contacted prior to determining whether you can successfully manage this event?

- ☐ Service Department (tables, chairs, coat racks, bulletin boards, other)
- ☐ Student Services (student volunteers, approval of posters, approval of student event)
- ☐ Space/Facilities Manager (Cleaning, A.V. Equipment)
- ☐ Campus Security (parking, additional security, etc)
- ☐ Communications Department (tablecloths, photographer/videographer, banners, media coverage, giveaways, etc)
- ☐ Printshop
- ☐ Information Technology Support Services (ITSS)

SIGNATURES

I have reviewed the information provided above and verify to the best of my knowledge that it is accurate.

Organization Representative: _____

Dean/Manager Recommendation: _____

Date Completed: _____

Management Executive Committee Approval: _____

Date of approval:_____

POST-EVENT ASSESSMENT

1.) Was your event a success? ☐ Yes ☐ No

Why or why not?

_____

_____

_____

_____

_____

2.) Did you encounter any unforeseen problems? ☐ Yes ☐ No

If yes, how can you better prepare in the future?

_____

_____

_____

_____

_____

3.) Would you do this event again in the future? ☐ Yes ☐ No

If yes, what changes would you recommend for the following year?

_____

_____

_____

_____

_____

Completed on this date:_____ **By:** _____

*** In order to facilitate future planning it is suggested that a completed copy of this form must be presented by the Manager to the Management Executive Committee and archived by the department.**