

# Event Planning Sheet

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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 event. Please keep in mind that all activities should be consistent with university policies and procedures, as well as the mission of your organization.

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): \_\_\_\_\_

Phone: \_\_\_\_\_

## EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Estimated number of people attending: \_\_\_\_\_

Type of Event:

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Weddings         | <input type="checkbox"/> Corporate    | <input type="checkbox"/> Engagements |
| <input type="checkbox"/> Bar/Bat Mitzvahs | <input type="checkbox"/> Sweet 16     | <input type="checkbox"/> Quinceanera |
| <input type="checkbox"/> Bridal Showers   | <input type="checkbox"/> Baby Showers | <input type="checkbox"/> Expos       |
| <input type="checkbox"/> Anniversary      | <input type="checkbox"/> Milestones   | <input type="checkbox"/> Other       |

**Do You Need Assistance with:**  Floral Decorating  Music  Photography  Video

**Interested in:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> JUYhDUF_]b[            | <input type="checkbox"/> @j'Y' A i g]W          | <input type="checkbox"/> ?cg'Yf'?)fWYb                   |
| <input type="checkbox"/> Ci hXccf'5fYU'HYffUW   | <input type="checkbox"/> 8>                     | <input type="checkbox"/> Df]j' UHY'DUF_]b[               |
| <input type="checkbox"/> Ci hXccf'5fYU'DU]c     | <input type="checkbox"/> =b!<ci gy' DUFmD'UbbYf | <input type="checkbox"/> <UbX]MddYX'9bhfUbW' / : UW]h]Yg |
| <input type="checkbox"/> Df]j' UHY'6f]XU'Gi ]hY | <input type="checkbox"/> CH.Yf _____            |  |

**How does this event/activity promote the mission of the organization?**

\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURES

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

**Completed on this date:** \_\_\_\_\_

**By:** \_\_\_\_\_