

EVENT PLANNING GUIDELINES

ONE KEY TO A SUCCESSFUL EVENT IS GOOD PLANNING. THIS PRE-EVENT PLANNING FORM PROVIDES YOU WITH A SERIES OF QUESTIONS TO CONSIDER PRIOR TO ENGAGING IN AN ACTIVITY. REMEMBER YOUR ADVISOR SHOULD BE PART OF THE PLANNING PROCESS FOR ANY EVENT HOSTED BY YOUR ORGANIZATION.

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

*Information in this guide is adapted from the Texas A&M University Organization Pre-Planning Form

Event Name: _____

Individual(s) Responsible for Coordinating Event _____
Name Position
Email Phone Number

Date: _____

Advisor Contact Info: _____
Name Email Phone Number

Location: _____

Backup Location (if needed): _____

Start time: _____ End time: _____

Type of Event:

- Concert Conference/Seminar Speaker Social Activity
 Sports/Competitions Other _____

Number of People attending (estimate): _____

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

In order to allow for optimal planning of your event, it is suggested that this form be completed approximately two months prior to your event. This should give you adequate time to consider all aspects of your event and to plan appropriately.

RISK MANAGEMENT

Provide a detailed description of the event/activity that you are planning, as well as a detailed Itinerary/Timeline for your event

What resources have you consulted prior to determining that you can successfully manage this event?

- Advisor
- Other Student Organizations that have hosted similar events/activities
- Student Organizations Offices
- Other_____

PRE-EVENT PLANNING

1. **Are you traveling?** Yes No
★If you are traveling, what type of transportation are you using?
 - Personal Vehicle University Vehicle Commercial Plane
 - Rental Car University/Chartered Bus Other_____
2. **Does your program involve any type of physical activity?** Yes No
★It is important to plan in advance for medical emergencies. Also, consider developing an assumption of risk form to be signed by all participants (See #3).
3. **Are you using an assumption of risk/waiver, medical release, and emergency contact form?**
 Yes No
4. **Will anyone under the age of 18 be involved with your event/activity?**
 - Elementary High School
 - Middle School Other_____
5. **Are you required to, or have you considered, purchasing liability insurance?** Yes No
6. **Is your activity an Open Event? (Open to the campus, general public, or students at other colleges or university and expected to draw over 150 participants)** Yes No
★Plan for crowd control. Do you need to have security present?
7. **Will your event require the assistance of Parking, Traffic, and Transportation Services for parking and traffic control?** Yes No
8. **Will your event be hosting a large amount of individuals or require the assistance of the University Police for security?** Yes No
9. **Is there alcohol involved with your activity?** Yes No
★Review the policies and rules related to alcohol and student organizations.
10. **Is your event outdoors, or can your event be affected by inclement weather?** Yes No
 - Check ahead for weather conditions
 - Check location ahead of time for shelter
 - Bring adequate clothing
 - Plan for alternative rain location
 - Bring a radio with you to monitor changing weather conditions
11. **Are you contracting a service from a non-university entity?** Yes No
Party Contracting With_____ Phone Number_____
12. **Are you using a university logo or trademark in association with your activity (i.e. t-shirts)?**
 Yes No
★Get your design approved by the appropriate individuals.
★Additionally, some institutions have agreements with local vendors.
13. **Are you planning on posting flyers or advertising on campus?** Yes No
★Review your campuses posting policies
14. **Does your event involve the sale/distribution of items on campus?** Yes No
★Be sure that you have the appropriate approval to sell or distribute any items (commercial or non-commercial) on campus.

15. Have you reviewed your budget and purchasing guidelines as it relates to this event/activity?

Yes No

16. Will your event be utilizing any type of production equipment (i.e. sound, stage, lights, etc.)?

Yes No

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

★Make sure that you have the appropriate food handling licenses

Use the worksheet below to guide your documentation of the organization's approach to managing risk as well as any areas you have specific questions about.

List Potential Risks:

List Specific Strategies you will use to Minimize or Eliminate Risks:

Physical	
Reputation	
Emotional	
Financial	
Facilities	

Advisor Review: (it is important to have an advisor, or another set of eyes, review your plans for an event)

Advisor Name _____

Signature _____

Date _____

AFTER THE EVENT - ASSESSMENT

1. Was your event a success? Why or why not? _____

2. Did you encounter any unforeseen problems? Yes No

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

3. List contact information for vendors, university staff, or others who assisted with this event.

4. Are you going to continue the event? 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 and assessment be maintained as part of officer transition documents.