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.

<table>
<thead>
<tr>
<th>List Potential Risks:</th>
<th>List Specific Strategies you will use to Minimize or Eliminate Risks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
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<tr>
<td>Reputation</td>
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<tr>
<td>Emotional</td>
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<tr>
<td>Financial</td>
<td></td>
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<tr>
<td>Facilities</td>
<td></td>
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</tbody>
</table>
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.