

## Event Planning Worksheet

Camp Fire Sohomish County Council

Event Name \_\_\_\_\_  
 Date \_\_\_\_\_ Location \_\_\_\_\_  
 Description/purpose of event \_\_\_\_\_  
 Coordinator \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Person certified in First Aid with kit \_\_\_\_\_

<b>Reserve Location</b>	<b>Invitations</b>	<b>Decorations</b>
Volunteer	Volunteer	Volunteer
Phone	Phone	Phone
Email	Type of invitations	Theme
Address		Supplies Needed
Contact Person		
Phone	Information to be included: (Date, place, time. Parking, appropriate ages, dress, what to bring, etc.)	
Email		
Date Reserved		
Alternative Date		
Confirmation received when?	How will they be delivered?	Cost of Supplies
Date task completed:	Date task completed:	Date of task completed:
Notes	Notes	Notes

<b>Food</b> Volunteer	<b>Set-Up</b> Volunteer	<b>Clean-Up</b> Volunteer
Phone	Phone	Phone
Email	Email	Email
Menu	Crew	Crew
Supplies & who will provide them	When	When
	Supplies needed	Supplies needed
When will food and supplies be delivered?	Instructions	Instructions
Cost of supplies		
Date task completed		
Notes	Cost of supplies	Cost of supplies
	Date task completed	Date task completed
<b>Total Cost:</b>		
<b>Miscellaneous Information:</b>		