



**Event Planning Application**

**Program Information**

Program: \_\_\_\_\_

Associate Vice President's signature: \_\_\_\_\_

Program Director: \_\_\_\_\_

Main Contact for Event : \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Event Information**

Type of Event (BBQ, Open House, Fashion Show, etc) \_\_\_\_\_

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

Date and Time of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Event: \_\_\_\_\_

What is the purpose of the Event? (raise money, raise awareness, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you promote this event? (press releases, flyers, public service announcements): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What help is needed from the Dev/PR Department? The Operations Department? :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Note: If your event is approved, please submit copies of the use of the CFS logo and all printed materials bearing the CFS name and logo for approval by the Director of Community Relations before printing final copies or creating any materials developed for your event that includes this information. If time allows, the PR Department can assist with the creation or promotion of your event.

**Budget Information (Budget Template available on page 8)**

Please attach a budget for your event, important costs to remember:

- rental space
- chair and tent rentals
- EMT cost
- printing of materials
- food and drink

I agree that until written permission has been granted, event coordination will not begin.

Yes     No

Once final approval has been granted, I agree to adhere to the guidelines provided by Center For Family Services

Yes     No

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>PR use only</b>
<b>Suggestions/Recommendations:</b>
_____
_____
_____



**Fundraising/Cash Record of Receipt**

Date of Receipt of Cash:

\_\_\_\_\_ Amount: \_\_\_\_\_

Where did this cash come from? An event? Speaking engagement?

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

Program cash should be allocated to:

\_\_\_\_\_

Donor Information (for thank you):

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Can you provide any info on the history of this donor's relationship with CFS?

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

Are there any other money associated with this event?

\_\_\_\_\_

Signature of staff: \_\_\_\_\_

Signature of Dev/PR: \_\_\_\_\_

**PR use only**

Date turned into finance: \_\_\_\_\_

**Total Expenses**

	Estimated	Actual
Total	\$	\$

**Site**

	Estimated	Actual
Location Rental	\$	\$
Table/Chairs		
Tent		
<b>Total</b>	<b>\$</b>	<b>\$</b>

**Marketing Materials**

	Estimated	Actual
Flyers/posters	\$	\$
Advertisement		
Invitations		
Mailing		
<b>Total</b>	<b>\$</b>	<b>\$</b>

**Food/Refreshments**

	Estimated	Actual
Food	\$	\$
Drink		
Plates/Napkins/Utensils		
Cups		
<b>Total</b>	<b>\$</b>	<b>\$</b>

**Miscellaneous**

	Estimated	Actual
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Entertainment	\$	\$
Decorations		
Prizes/Awards		
<b>Total</b>	<b>\$</b>	<b>\$</b>