

Laurel Highlands Council District/Area Event Worksheet

District: _____ Service Area: _____ Pro. Advisor: _____

Event Title: _____ Event Date: _____ Location: _____

Event Type: Training Camporee Other _____

Event Chairman _____ Phone(s) _____ Email _____

1. **Event Description** - Include start time, Activities, Est. Cost, and who can attend. _____

2. **Event Committee Planning Meeting Dates.** (These will differ from district committee meeting dates)

| | | |
|------------|------------|----------------|
| Date _____ | Time _____ | Location _____ |
| Date _____ | Time _____ | Location _____ |
| Date _____ | Time _____ | Location _____ |
| Date _____ | Time _____ | Location _____ |

3. Has this event been backdated in the calendar? Yes No

4. How will the event be publicized? _____

5. Please list all primary staff members for the Event.

| | | |
|------------|-------------|-------------|
| Name _____ | Phone _____ | Email _____ |
| Name _____ | Phone _____ | Email _____ |
| Name _____ | Phone _____ | Email _____ |
| Name _____ | Phone _____ | Email _____ |
| Name _____ | Phone _____ | Email _____ |

* Please feel free to list any other additional staff members on a separate sheet

6. Has a budget been submitted and approved at least 90 days prior to the event? Yes No

*Please attach the approved signed budget

7. How will registrations be handled?

Online* Flag Plaza Phone Other _____

* If online registration is desired, the professional advisor needs to be notified and budget submitted at least 90 days prior to the event

8. Will a Cash Advance or Purchase Order number be needed?

| | | | |
|---|-----------------|--------------|-------------------|
| <input type="checkbox"/> Cash Advance | Amount \$ _____ | Reason _____ | Received by _____ |
| <input type="checkbox"/> Purchase Order | Amount \$ _____ | Vendor _____ | Assigned # _____ |
| | Amount \$ _____ | Vendor _____ | Assigned # _____ |
| | Amount \$ _____ | Vendor _____ | Assigned # _____ |

9. Who will be handling/ordering patches and awards?

Name _____ Phone _____ Email _____

*Where will the patches be order from?

Business Name _____ Business Phone _____ Business E-mail _____

*When will the patches be ordered?

Date _____ Projected Arrival? Date _____

*Where will the awards be order from?

Business Name _____ Business Phone _____ Business E-mail _____

*When will the awards be ordered?

Date _____ Projected Arrival? Date _____

10. Do you and your committee understand the budget process and agree with all council/district budgeting guidelines regarding insurance fees, contingency fees and reimbursement procedures?

YES NO Request review with Professional Advisor - Review Date _____

11. Review

| | | | |
|-----------------|--------------|-----------|------------|
| -120 Day Review | Professional | Volunteer | Date _____ |
| -90 Day Review | Professional | Volunteer | Date _____ |
| -60 Day Review | Professional | Volunteer | Date _____ |
| -30 Day Review | Professional | Volunteer | Date _____ |
| +15 Day Review | Professional | Volunteer | Date _____ |
| +30 Day Review | Professional | Volunteer | Date _____ |

Comments: _____