

## Event Planning Template

The Office of Student Affairs & Career Advising recommends using the Event Planning Template to help guide you through the planning process. This template does not need to be turned in, but it's helpful to use as a checklist and to update as your student group plans an event. We'd recommend passing this along to next year's group leaders along with any notes you have for improvement.

| OSACA/SGA Event Planning Template   |  |              |   |                                |  |
|---|--|--------------|---|--------------------------------|--|
| Student Organization:   |  |              |   |                                |  |
| Event Name:   |  |              |   |                                |  |
| Event Description:  |  |              |   |                                |  |
| Student/Faculty/Staff Collaborator(s):  |  |              |   |                                |  |
| Date(s):  |  |              |   | Rain Date(if applicable):      |  |
| Event Time:   |  | Set-up Time: |   | Break-down time:               |  |
| Location(s):  |  |              |   | Rain Location (if applicable): |  |
| Estimated Attendance:   |  |              |   | Audience:                      |  |
| Primary Student Contact:  |  |              |   |                                |  |
| Student Organization Advisor:   |  |              |   |                                |  |
| Has <a href="#">AAIS Room Reservation</a> has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>All spaces must be reserved through AAIS. If you do not have access to AAIS, please contact <a href="#">Caitlin Curcio</a> .   |  |              | Has the event has been added to the SGA calendar?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please see "How to Utilize the SGA Website" above.   |                                |  |
| Will you be selling tickets at this event? <input type="checkbox"/> Yes** <input type="checkbox"/> No<br>**If yes, please contact the <a href="#">SGA Technical Officer</a> about setting up a TouchNet store to collect payment for tickets.   |  |              | Have you created a slide for the QL monitors?<br><input type="checkbox"/> Yes** <input type="checkbox"/> No<br>**Email a PPT slide with your event information to <a href="mailto:ducomads@drexel.edu">ducomads@drexel.edu</a> . The SGA On-Campus Technical Representative will add your event slide to the QL monitors. |                                |  |
| Would you like your event to be featured on Drexel Medicine's social media accounts? <input type="checkbox"/> Yes** <input type="checkbox"/> No<br>**Contact <a href="#">Caitlin Curcio</a> who can help your student organization be featured on Drexel Medicine's <a href="#">Instagram</a> and <a href="#">Facebook</a> social media accounts. |  |              |   |                                |  |
| If this is a school-wide SGA-sponsored event with alcohol**, have you contacted the <a href="#">Honor Court President</a> about requesting chaperones? <input type="checkbox"/> Yes** <input type="checkbox"/> No<br>**Alcohol is not permitted at on-campus student events.  |  |              |   |                                |  |
| Do you have any room setup needs? <input type="checkbox"/> Yes** <input type="checkbox"/> No  |  |              | Do you have any Audio/Visual needs? <input type="checkbox"/> Yes** <input type="checkbox"/> No  |                                |  |

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|--|--|
| <p>**Room setup information must be emailed to <a href="#">Dennis Kane</a> no less than 10 business days prior to your event. Facilities staff leave at 5pm, so if you are hosting an after-hours event, please make sure everything is set up according to your specifications so there is time to make changes if necessary.</p> | <p>**AV must be emailed to <a href="#">Lori O'Connell</a> no less than 10 business days prior to your event.</p> |
|--|--|

**Will this event have non-DUCOM participants?**     Yes\*\*     No

\*\*If a non-Drexel attendee will be visiting campus, please email the following information to [Katey Morales](#), the Director of Security, no less than 24 hours prior to your event:

- Name of Student Organization hosting the event
- Date, time, and location of event
- Name(s) of non-DUCOM attendee
- Name and phone number of a student/faculty member sponsoring this event

**Will your event be hosting any children under the age of 18?**     Yes\*\*     No

\*\*If you will be hosting children on campus, please work with [Caitlin Curcio](#), the Director of Student Affairs, who will coordinate details of your program with [Stephen Guckin](#), Drexel's Minors Coordinator. Please contact Caitlin Curcio at least **2-3 weeks prior** to your event to allow enough time for related paperwork. **Please note that the requirements of PA Law and Drexel Policy must be complied with prior to the start of your program.** Review the following policies and required forms:

- [Protection of Minors and Reporting of Child Abuse Policy](#)
- [Minors Checklist Form](#)
- [Mandated Reporting of Suspected Child Abuse](#)
- [Protection of Minors Instructional Video](#)

As outlined in the PS-1 Policy, the [Minors Program Registration Form](#) must be completed for any programs, activities, services or events involving minors, and forwarded to me with the required approvals. **In Part 3 of this form, please list the names of all Drexel employed/enrolled authorized adults who will have direct contact with a minor. These names will then be sent to HR for the background check process. All authorized adults having "Direct Contact" or "Direct Volunteer Contact" as defined below, must have the Background Clearances outlined in the Background Check Policy, HR-52.**

Any minor participating in a Drexel program, activity, service or event, must also submit a completed and signed [Informed Consent, Assumption of Risk and Release of Liability Form](#) with their parent/guardian's approval. These forms must be retained by the Program Director/Coordinator for the later of (a) 7 years from the date of the Activity/Event, or (b) until the Minor turns 25 years old. (OGC-4 Policy).

Additionally, if you are partnering with an external sponsor (i.e. an elementary or high school), the principal or head of the outside sponsor must submit the [Certification of Background Checks and Training for External Sponsors Form](#) to the Minors Coordinator certifying compliance with Pennsylvania Law and training on safe environment issues and mandated reporting of child abuse.

**Learning Outcomes or Goals of the Program**

[What do you hope that students/faculty/staff will learn/take away from this event?]

### **Collaborators/Partnerships**

[Please list any student organizations/departments/outside organizations that you plan on collaborating with for this event. How will they contribute to the event?]

### **Event Staffing**

[How many student volunteers do you need to staff this event? What jobs will you need them to do?]

### **Advertising**

[How do you plan on advertising this event? List all the resources/avenues you plan to utilize.]

### **Facilities Needs/Floor Plan**

[Describe your Facility needs (table/chair setup, extra trash cans, in the SAC Hall is the wall divider up or down, etc.) for this program and sketch out your floor plan. This information should be sent to [Dennis Kane](#) no less than 10 business days prior to your event. If you are planning an event after hours (after 5pm on a weekday) and have Facilities requests, your room must be set before Facilities staff leave campus. You should add extra time onto your reservation in AAIS.]

### **Audio/Visual Needs**

[Describe your Audio/Visual needs (PPT presentation, microphones, recording the event, Zoom/Skype meeting etc.) needs for this program. This information should be sent to [Lori O'Connell](#) no less than 10 business days prior to your event. If you are planning an event after hours (after 5pm on a weekday), it is your responsibility to be trained on how to set up your AV needs. Lori O'Connell and her staff can train you if needed. ]

### **Menu/Catering**

[Describe the proposed menu and which caterer you would like to use.]

### **Outside Performers/Vendors**

[List any outside vendors you will hire for this program. Please remember that all contracts must be submitted to the Office of Student Affairs & Career Advising for processing. Do not sign any contracts yourself.]

### **Supply List**

[Think through all the details of your event. What supplies will you need? Are any of these items available to you in the SGA Closet? Be thorough.]

### **Gifts in Kind/Donations**

[List any donations (food, supplies, money, etc.) this program received and from whom.]

**Risk Assessment**

[Think through your event, what are some challenges or roadblocks that could happen? How would you overcome them?]

| <b>Budget for Program</b>                                     |          |             |                |            |
|---|----------|-------------|----------------|------------|
| [Catering/Supplies/Transportation/Publicity/Performers /Etc.] |          |             |                |            |
| Item  | Quantity | Description | Estimated Cost | Final Cost |
|   |          |             |                |            |
|   |          |             |                |            |
|   |          |             |                |            |
|   |          |             |                |            |
|   |          |             |                |            |
|   |          |             |                |            |
|   |          |             |                |            |
| <b>Sub-Total:</b>   |          |             |                |            |
| <b>Total:</b>   |          |             |                |            |

| <b>Planning Timeline</b> |               |                       |
|--------------------------|---------------|-----------------------|
| Time                     | Task/Activity | Person(s) Responsible |
|                          |               |                       |

| <b>Day of Tasks/Itinerary</b> |               |                       |
|-------------------------------|---------------|-----------------------|
| Time                          | Task/Activity | Person(s) Responsible |
|                               |               |                       |

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**Post-Mortem Notes for Next Year**

[Please insert comments/feedback received or observations you made. Describe what went well and what you would change.]

**Supporting Documents**

[For next year’s leaders, please list the supporting documents (diagrams, menu, marketing materials, assessment/evaluation documents, invoices/receipts, etc.) and where those files are stored. Include a plan for how these files will be shared with next year’s leaders.]