

Event Planning Checklist

This checklist includes aspects of ministry events and assists leaders with reaching their goals effectively by providing thorough oversight, efficiency, and organization.

Section 1: Event Overview (Can be used as Session Proposal)	
Host of Event:	
Name of Event:	
Date of Event:	
Time of Event:	<u>Start:</u> <u>End:</u>
Address of Event:	
Setup Requirements for Staff/Volunteers:	
Event Coordinator/Contact:	<u>Name:</u> <u>Phone:</u>
Target Audience:	
Message: *What do you want your audience to learn/know?	

<p>Objectives: *What do you hope to achieve with this event?</p>			
<p>Committee Recommendation (If Needed) *Circle One Y/N</p>	<p>Notes:</p>		
<p>Session Approval (If Needed) *Circle One Y/N</p>			
<p>Budget Amount *How much will the church put toward the event? _____</p>			
<p>Charge (if any) *How much is the church charging for the event? _____</p>			
<p>PLEASE LIST ANY OTHER DETAILS RELEVANT TO THIS EVENT:</p>			

Section 2: Early Planning	Person Responsible	Action	Date to be Completed
<p>Invitations *check when completed.</p> <p><input type="checkbox"/> Mailing List Generated</p> <p><input type="checkbox"/> Mailing List Printed</p> <p><input type="checkbox"/> RSVPs</p> <p><input type="checkbox"/> Invitation List Compiled</p> <p><input type="checkbox"/> Addresses/Names Checked for Accuracy</p> <p><input type="checkbox"/> Invitations Sent</p>			
<p>Catering or Meals *check when completed.</p> <p><input type="checkbox"/> Cost per person or upfront cost: \$ _____</p> <p><input type="checkbox"/> Culinary Team/Volunteers/Cooks Confirmed</p> <p><input type="checkbox"/> Beverages Acquired</p> <p><input type="checkbox"/> Food Acquired</p> <p><input type="checkbox"/> Self Service/Waiting Staff Planned</p> <p><input type="checkbox"/> Power Required? Y/N</p> <p><input type="checkbox"/> Equipment Required? Y/N</p> <p><input type="checkbox"/> Tables and Chairs, Tablecloths, Cups, and Saucers</p> <p><input type="checkbox"/> Plates, Napkins, Silverware</p> <p><input type="checkbox"/> Special Dietary Requirements of Guests?</p> <p><input type="checkbox"/> Menu Available? Y/N</p>			
<p>Advertising</p> <p><input type="checkbox"/> Press, Radio, TV, Newsletter</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Social Media</p>			

<p>Programming</p> <p><input type="checkbox"/> Program Planned and Finalized</p> <p><input type="checkbox"/> Program Printed</p> <p><input type="checkbox"/> Speakers/Volunteers Briefed</p> <p><input type="checkbox"/> Speaking Points sent to Speakers</p> <p><input type="checkbox"/> Food Caterers/Volunteers Briefed on When to Serve</p>			
<p>Section 3: Final Planning</p>	<p>Person Responsible</p>	<p>Action</p>	<p>Date to be Completed</p>
<p>Value Added for Guests</p> <p><input type="checkbox"/> Copy of Program</p> <p><input type="checkbox"/> Gifts</p> <p><input type="checkbox"/> Printed Programs</p> <p><input type="checkbox"/> Prizes</p> <p><input type="checkbox"/> Other</p>			
<p>Security</p> <p><input type="checkbox"/> Provision of First Aid</p> <p><input type="checkbox"/> Volunteers Briefed on First Aid and AED Locations</p> <p><input type="checkbox"/> Welfare and Safety Concerns Addressed</p> <p><input type="checkbox"/> Emergency Exit Routes Addressed</p> <p><input type="checkbox"/> Parking Guides Briefed</p> <p><input type="checkbox"/> Parking Lot Clear and Prepared</p>			
<p>Audio/Visual Requirements</p> <p><input type="checkbox"/> PA System Checked</p> <p><input type="checkbox"/> CD or Tape Player Checked</p> <p><input type="checkbox"/> Lapel or Handheld Microphone Checked</p> <p><input type="checkbox"/> Lighting Checked</p> <p><input type="checkbox"/> Extra Electrical Requirements</p> <p><input type="checkbox"/> Walkways Free of Cords/Equipment</p>			

Additional Volunteers <input type="checkbox"/> Greeters/Ushers <input type="checkbox"/> Extra Staff Volunteers Required <input type="checkbox"/> Cashiers/Registration	(Person Responsible)	(Action)	Date to be Completed)
Ambience <input type="checkbox"/> Floral Arrangements, Pedestal, Theme Decorations in Place <input type="checkbox"/> Background Music Prepared <input type="checkbox"/> Other			
Accessibility <input type="checkbox"/> Wheelchair Access <input type="checkbox"/> Toilet Facilities <input type="checkbox"/> Signage in Place			
Housekeeping <input type="checkbox"/> Cleaning Before and After Event <input type="checkbox"/> Cleaning on Standby During Event			

Section 4: Day of Event	Person Responsible	Action	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Time for Set-Up by Whom <input type="checkbox"/> Time for Dismantle by Whom <input type="checkbox"/> Podium, Stage Setup <input type="checkbox"/> Tables, Chairs Positioned <input type="checkbox"/> Name Tags <input type="checkbox"/> Clear Location Directions <input type="checkbox"/> Registration for Guests <input type="checkbox"/> Parking Guides/Safety Vests 			
Section 5: After Event	Person Responsible	Action	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Space Cleaned and Returned to Normal <input type="checkbox"/> Revenue Counted (if necessary) <input type="checkbox"/> Revenue Secured/Deposited <input type="checkbox"/> Debrief <input type="checkbox"/> Negative and Positive Comments <input type="checkbox"/> Guest Feedback <input type="checkbox"/> Guidelines for Future Improvement <input type="checkbox"/> Thank You Note List <input type="checkbox"/> Thank You Notes Created <input type="checkbox"/> Thank You Notes Sent <input type="checkbox"/> Report for Session 			

Reflections/Notes