Pre-Event Planning Guide

Title of Event/Activity: ___________________________________________________________

Individual(s) Responsible for Coordinating Event: ______________________________________

__________________________
(Name)

__________________________
(Name)

Position  Email  Phone Number You Can Be Reached at Event

Event:
☐ County  ☐ State  ☐ New Event (First Time)
☐ Multi-County (District)  ☐ National  ☐ Reoccurring

Type of Event/Activity:
☐ Fundraiser
☐ Retreat/End of Year Trip
☐ Competition
☐ Conference/Seminar
☐ Social Program
☐ Program
☐ Camp School Enrichment
☐ Organized 4-H Club
☐ After-School Program
☐ Special Interest Classes/ Clinics
☐ Other

Event Occurrence:
Scheduled Date(s) of Event/Activity:

________________  ____________
Start  End

Scheduled Time(s) of Event/Activity:

________________  ____________
Start  End

Location(s) of Event/Activity:
Primary: ___________________________
Backup: ____________________________
(In Case of Weather)

Number of Youth Attending: _____________  Number of Adults Attending: _____________
(Estimate number and remember you must have a 10:1 ratio)

How does this event/activity promote the mission of the 4-H Club:

Provide a brief description of the event/activity that you are planning(List all possible activities youth will be engaging in):