**Event Planning Pack**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Event (please circle) | BALL | THEATRE | UNION EVENT | TRIP/TOUR | FORUM | OTHER |
| Name of Club/Society |  | | | | | |
| Date of event? |  | | | | | |
| Proposed Venue/Destination? |  | | | | | |
| Proposed number of attendees? |  | | | | | |
| Current club/society funds? |  | | | | | |
| Confirmed/Provisional Booking? |  | | | | | |
| LAST YEARS ATTENDANCE? |  | | | | | |
| LAST YEARS BUDGET? (£) |  | | | | | |
| Name of first aider (if attending)? |  | | | | | |

# Important!

Do not confirm any bookings or make any financial commitments until you have attended the Event Planning meeting & had the event confirmed. You may personally end up liable for the costs if the event is not authorised!

Please attach any relevant documents such as provisional booking agreements, sponsorship confirmations, or tour/travel itineraries.

# Event Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone number | Email |
| Event/Tour Coordinator |  |  |  |
| President |  |  |  |
| Other |  |  |  |

**A Brief Description of your event.**

**Please give some details of what your event entails, who it’s targeting and what you hope to achieve.**

**Confirmed Date: ……………… Sabb: …………………… SADM: ……………………**

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**Confirmed Date: ……………… Sabb: …………………… SADM: ……………………**

**Event Planning Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Done?** | **Confirmed by Socs Coordinator** | **Notes** |
| **Event Planning Form** |  |  |  |
| **Risk Assessment** |  |  |  |
| **Financial Planner** |  |  |  |
| **External Speakers form(s)** |  |  |  |
| **Event Page Created** |  |  |  |
| **Transport booked** |  |  |  |
| **Trip Leader form submitted** |  |  |  |
| **Ticketing Form Submitted** |  |  |  |
| **Event Approved at SU** |  |  |  |
| **Social Media promotional activity details** |  |  |  |

**(Office Use Only)**

**Event Planning Committee Notes**

**Leave this blank for any comments from the Event Planning Committee**

**Confirmed Date: ……………………… Sabb: ……………………….…… SADM: ..………..……………….**