

Glendale Community College Office of *Student Life*

E V E N T P A C K E T

Name of Person(s) completing this event packet: _____

Phone: _____ Email: _____

Name of Event: _____

Date of Event: _____ Time: _____ Setup Time: _____

Event Location: _____

Goal(s) of the Event: (What do you hope to accomplish?)

- 1.
- 2.

Objectives: (How do you intend to accomplish your goal(s)?)

- 1.
- 2.
- 3.

How will you know if your goals/objectives were met?

Group or Person Responsible for this event: _____

Phone Number/Email: _____

Advisor's Signature: _____



GCC

T I M E L I N E

Please list a timeline of activities that need to be completed for this event.
List when they will be completed and by whom.

Activity

Date to be Completed

By Whom



B U D G E T

Please list all expenses expected to be incurred for this event.

What is the total projected expense for the event? _____

How many people will participate or benefit from this event? _____

Please comment on how this is a good use of your organization's funds and what measures you took to ensure fiscal responsibility. For example, did you compare quotes, buy good quality supplies, etc.



P U B L I C I T Y

How will you publicize the event and encourage good attendance?



E V A L U A T I O N

Evaluation is one of, if not the most important, aspects in learning whether or not you were successful in meeting the goals of your event.

How do you intend to evaluate your success?

How will you use the information you gather in decision making for future endeavors?

Please list questions you will ask as part of an evaluation form or other methods you will use to assess the event.

