

ACTIVITY PLANNING SHEET

DATE: _____

TYPE OF ACTIVITY: CLASS COMBINED YW COMBINED YW/YM

NAME OF ACTIVITY _____

PERSON IN CHARGE _____

WHERE _____ TIME _____ BUDGET REQUIRED _____

WHAT ARE WE HOPING TO ACCOMPLISH? (OUR GOAL OR PURPOSE)

DESCRIPTION OF ACTIVITY:

ASSIGNMENTS: ADVERTISING, FOOD, PAPER GOODS, SET-UP, CLEAN UP, TRANSPORTATION, OTHER ITEMS NEEDED FOR ACTIVITY. INCLUDE AS MANY CLASS MEMBERS AS POSSIBLE.

X	NAME	PHONE # / EMAIL	ASSIGNMENT

EVALUATION:

DID WE ACCOMPLISH OUR GOAL? _____

WHAT WENT WELL? _____

WHAT CAN WE IMPROVE? _____

DO WE WANT TO DO THIS AGAIN? _____