**EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DEMOLAY EVENT PLANNER **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **EQUIPMENT NEEDED** | **PEOPLE NEEDED** | **TRANSPORT NEEDED** |
|  |  |  |
| ***List members of committee here also*** | ***List drivers & number of seats available*** |
| **TASK** | **PERSON ASSIGNED** | **DONE BY** | **TASK** | **PERSON ASSIGNED** | **DONE BY** | **MISC INFORMATION** |
|  |  |  |  |  |  |  |
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**CHAPTER ADVISOR APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** EVENT REVIEW/DEBRIEF

***Summarize the results of the activity. What worked, what did not, what could be improved if the event would be held again?***

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| --- |
| **Were there tasks not planned for?** |
|  |
| **Were all equipment/supplies/materials present? If not, why?** |
|  |
| **Did you have enough transportation planned? Was all transportation available for the event?** |
|  |
| **What would you do to improve this event in the future?** |
|  |