



Sigma Delta Tau Event Planning Form

EVENT PLANNER CONTACT INFORMATION	
Name of Officer	
Chapter Name	
Officer Position	
Email Address	
Phone Number	

EVENT DESCRIPTION	
Name of Event	
Description of Event	
Location of Event	
Date of Event	
Will alcohol be served?	
Is there a guest list?	
Is this event co-sponsored? If yes, include name(s) of partnering organizations.	

ANTICIPATED ATTENDANCE	
Organization Members	
Alumnae	
Non-SDT Students	
Non-University Guests	

EVENT PURPOSE
<i>(Why do you want to host this event? What will the chapter gain from it?)</i>

EVENT HISTORY
<i>(Has this event occurred before? Any past feedback? Is this type of event typical to your campus?)</i>



DETAILED SCHEDULE

(Outline a detailed itinerary, including transportation both ways.)

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COMMUNICATION

(How will this event be communicated to chapter members and guests, if applicable? How will SDT expectations and policies be communicated to any co-sponsoring organizations?)

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VENUE INFORMATION

Venue Name and Address	
Capacity at Venue	
Describe the event space (private or accessible to the public)	
Has this venue been used before for other Greek Life events?	

TRANSPORTATION

How will members get to the venue?	
Does this transportation plan comply with SDT policy?	
Where will members depart from/return to pre and post event?	
What time will transportation depart from/return pre and post event?	



BUDGET

(Outline in detail the budget allocated for the event, including costs of the venue rental, transportation, food, etc.)

RISK MANAGEMENT PLAN

(What factors were considered in choosing this event date/time? How will this event follow Sigma Delta Tau policy? What risks are associated with the venue and/or transportation plan? How will members be educated on Sigma Delta Tau policy and held accountable if policy is violated at this event? What proactive steps will you take prior to and during the event to ensure the safety of your members/guests?)

Has your chapter facilitated the Policy Review and Accountability Education workshops this semester?



EMERGENCY PLAN

(What is your plan to follow in the event of an emergency? Who will you contact and what steps will you take? How will members be educated on this plan?)

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DATE OF SUBMISSION AND REVIEW

Submitted by Event Planner	
Chapter Advisor Review	

NOTE: *This event planning form is a helpful resource for chapters to utilize when planning events. It is intended to be completed by chapter officers and reviewed by the chapter advisor prior to each planned chapter event. A copy of the completed form should be saved within officer transition materials for reference when future, similar events are planned.*