



# Norman Rockwell PTA Program/Event Review Form

Submitted by: \_\_\_\_\_ Submitted on: \_\_\_\_\_

Name of Program or Event: \_\_\_\_\_

Brief Description: \_\_\_\_\_

Event/Program Date/s: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Chair People: \_\_\_\_\_

Anything else about when/where: \_\_\_\_\_

\_\_\_\_\_

How and when will you promote this program/event: \_\_\_\_\_

\_\_\_\_\_

Who will participate/attend: \_\_\_\_\_

\_\_\_\_\_

What is the cost to participate/attend: \_\_\_\_\_

What are the PTA Expenses for running this program/event: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

How many volunteers will be required and what is their time commitment: \_\_\_\_\_

\_\_\_\_\_

Key steps before program/event: \_\_\_\_\_

Key steps during program/event: \_\_\_\_\_

Key steps after program/event: \_\_\_\_\_

Other information on this program/event: \_\_\_\_\_

Please attach supporting documentation.