



# GFWC -WCNT Project Planning Sheet

**Please email this form to [WomansClubNewTampa@gmail.com](mailto:WomansClubNewTampa@gmail.com) attention VP of Progaming a minimum of 3 month in advance to be included in our Calendar of Events.**

CSP Category \_\_\_\_\_ Budget \_\_\_\_\_  
Description \_\_\_\_\_

Chair(s) \_\_\_\_\_  
Planning Team \_\_\_\_\_

Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Location \_\_\_\_\_

Outside Contact Information \_\_\_\_\_

Do you require a SignUpGenius? \_\_\_\_\_

Social Media Post – Before \_\_\_ After \_\_\_ Please submit photos, logos, and any information necessary to VP of Communications by emailing [WomansClubNewTampa@gmail.com](mailto:WomansClubNewTampa@gmail.com).

Number of volunteers needed \_\_\_\_\_

Amount of HOA \_\_\_\_\_

Work to be done prior to event \_\_\_\_\_

Volunteer responsibility @ event \_\_\_\_\_

Follow Up after event \_\_\_\_\_

\*Please submit photos to [WomansClubNewTampa@gmail.com](mailto:WomansClubNewTampa@gmail.com) attention VP of Communications.

Organization Name for Donation Check? \_\_\_\_\_ Amount \_\_\_\_\_

Shopping List or Supplies (please include quantity of each) – you can attach a sheet.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

In Kind Donations \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_