Clarksburg High School PTSA
Committee Plan of Work and Budget Request Form
2018-2019 School Year

Please email completed form to christie.chsptsavp@gmail.com

Name of Committee:

Committee Chair/Vice-Chair/Committee members Contact Info:

Name/Title	***Email***	***Cell Phone #***

1. Committee goal(s) for this event:

2. What are your specific action steps:

3. Does your event require a set date? Yes or No
   If yes, please provide 2 preferred dates: First choice date:
   Second choice date:

4. If outside vendors/contracts need to be signed, please described below (PTSA President must sign all contracts):

5. Requested Budget Amount:

6. Do you plan to fundraise for your event? Yes or No
   If yes, how much to you plan to raise:

7. Please provide a revenue and expense estimates:

Revenue	Expenses

8. List supplies, resources needed for event:
   (Tables/Chairs/microphone/etc.)

9. What room(s) in the school building or property do you anticipate needing reserved?

10. Will you need additional adult volunteers? Yes or No If so, how many?
    Will you need SSL volunteers? Yes or No If so, how many?

Thank you! Your service to our CHS students and community is recognized and so very appreciated.

Plan Approved By: _____ Date: _____