

Head . Heart . Health . Hands



MARION CO.

**Marion County 4-H
Pre-Event Planning Form**

Title of event/ activity: _____

Individual(s) responsible for coordinating event:

Volunteer Phone Number Email Address

Youth Phone Number Email Address

Event level:

- Club
- County

Event occurrence

- New Event (First Time)
- Reoccurring

Type of event/ activity:

- Competition
- Fundraiser
- Social Activity
- Workshop
- Other

Scheduled date(s) of event/ activity:

Start End

Location(s) of event/ activity

Primary: _____

Backup: _____

Age group served: _____

Provide a brief description of the activity that you are planning:

Explain how this event/ activity promotes the 4-H mission:

Number of people attending: _____
(estimated number)

Cost of the event: _____
(estimated)

Volunteer support needed: _____
(estimated)

Explain how you plan to publicize/ recruit volunteers for this event: