



## McKinley Technology Education Campus Dr. Louise Jones, Principal

## **Logistics Planning Form**

Name of Event:	Date/Time:
Chair(s) o	of Committee:
Members of your commit	ttee:
committee to go over your logistic events to help setup and breakdo	g to make all of our events a success! Please meet with your cal plan for the event. Our custodians will be on site for all the own. If you need any assistance in the following areas below o out the logistics please reach out to me and I am happy to help
Prep-WORK for the Event	
→ Where will your event be held	qś
If the events includes multiple are	as, please indicate the timeframe for each area.
<ul> <li>→ Do you need tables? Y/N if</li> <li>→ Do you need a microphone? Y</li> <li>→ Do you need a projector screen</li> <li>→ Do you need the Tech Table C</li> </ul>	
Food/Refreshments/ Decoration	<u>s</u>
→ Who is providing refreshments refreshments?	s for this event? Who is responsible for organizing the
→ Do you need decorations? Y/N	N Who will decorate for this event?
Signage/Greeters/ Set UP/ Break	k Down
event)? → Who will help break down an	at what time (at least 1hour before the  d close out the event?
→Who will create the signage fo	or your event?





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## **Printing/ Programs**

Please send all items that need to be printed to my event.	y attention at least 48 hours before your	
What items do you need to print?	How Many copies?	
Please fill this form out ASAP and return to my attention so that we are prepared well in advance for all of our events. Thanks Team!		