

## Ararat Temple Event Planning Worksheet

Event Date:

Worksheet Submitted to Office  
(preferred 90 days before event):

Event Start Time:

Event End Time:

Location:

Requester:

Unit/Club:

E-mail:

Phone (primary):

Phone (alt):

Divan Liaison:

E-mail

Phone (primary):

Phone (alt):

### Units/Clubs Benefiting from Event

Name	Unit/Club
	Primary unit/club (submitting request)
	Other units/clubs (participating in planning/cost of event)
	Other units/clubs (participating in planning/cost of event)
	Other units/clubs (participating in planning/cost of event)

**1. Description of event. Include details pertaining to entertainment, theme, decorations, etc.:**

**2. Event Location** (events held within Ararat Temple may require separate contract and security deposit):

**3. Event Scheduled Times:**

3.1 Set-up:

3.2 Start (doors open to public):

3.3 End:

3.4 Tear-down:

**4. Describe how cost of event will be covered by the Unit/Club:**

**5. How will this event benefit the Unit/Club and Ararat Temple?**

**Is it a Charitable \_\_\_ or Fraternal \_\_\_ Event?**

## Event Cost Planning:

This section is provided to **help** you estimate the cost of the event and determine the break-even point. Please include and detail any other costs you will require.

Description	Cost
Catering (food, beverage, linens, servers, bar tenders, etc.)	
Entertainment (Band, DJ, etc.)	
Advertising	
Cost to print event/raffle tickets	
Decorations	
Equipment rental	
Child care	
Facility rental/charge (include security deposit)	
Sanitary facilities (e.g. porta potties)	
Trash service (e.g. dumpsters)	
Transportation Costs	
<b>Total Cost</b>	<b>\$</b>

## Notice and Authorization

Resource	Date	Action	Comments/Concerns
<b>Ararat Club/Catering</b> BJ Richardson (816) 923-1995		<input type="checkbox"/> Received <input type="checkbox"/> Not Required	
<b>Maintenance/Set-up</b> Gary Mosby (816) 923-1995		<input type="checkbox"/> Received <input type="checkbox"/> Not Required	
<b>Outer Guard</b> Bill Lutman (816) 223-7903		<input type="checkbox"/> Received <input type="checkbox"/> Not Required	
<b>Recorder</b> Mike Wheeler (816) 923-1975		<input type="checkbox"/> Received <input type="checkbox"/> Not Required <b>Required for ALL charitable events</b>	Signature _____
<b>Other</b>		<input type="checkbox"/> Received <input type="checkbox"/> Not Required	
<b>Unit/Club Divan Liaison</b>		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Signature _____
<b>Potentate</b> Kevin Sleyster		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <b>Potentate's approval required for ALL events.</b>	Signature _____

**Comments:** \_\_\_\_\_  
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