

# TACKAN PTA COMMITTEE PROPOSAL FORM

**COMMITTEE NAME** \_\_\_\_\_

Committee Chairperson #1 \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Committee Chairperson #2 \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**DATE OF EVENT** \_\_\_\_\_  During School Hours  Weekday After School  Saturday**TIME** From \_\_\_\_\_ o'clock  AM  PM to \_\_\_\_\_ o'clock  AM  PMLocation (Select All that Apply)  Gym  Cafeteria  Library  Other \_\_\_\_\_**WILL ADDITIONAL TIME BE NEEDED FOR SET UP & CLEAN UP**  YES  NO

If yes, please describe \_\_\_\_\_

**DESCRIBE YOUR EVENT:** **ALL STUDENTS/ALL GRADES**  Girls Only  Boys Only  Siblings OK  Open to Public**Who is responsible for supervising the children**  Parents  Committee Representative**List the names of committee members who will be on hand during the event:****ADMISSION CHARGED?**  Yes  No If Yes, Amount \$ \_\_\_\_\_ per child \$ \_\_\_\_\_ family**DESCRIBE WHAT ADMISSION WILL INCLUDE****WILL YOU ASK FOR DONATIONS? If yes, please list donations requested****WILL YOU USE SIGN UP GENIUS TO REQUEST DONATIONS**  Yes  No **VOLUNTEERS**  Yes  No**WILL YOU DO A 50/50 RAFFLE**  Yes  No How much will you charge? \_\_\_\_\_**WILL YOU SELL ANY ADDITIONAL ITEMS NOT INCLUDED IN ADMISSION?** If yes describe items and prices