



Pre-Event Planning Guide

Use this form with the Risk Management Pre-Event Worksheet to help insure a safe activity/event for youth and volunteers.

Title of Event/Activity: _____

Individual(s) Responsible for Coordinating Event:

Name: _____ Position: _____

Email: _____ Phone Number: (_____) _____

Name: _____ Position: _____

Email: _____ Phone Number: (_____) _____

Event Level:

- County
- Multi- County (District)
- State
- National

Event Occurrence:

- New Event (First Time)
- Reoccurring

Type of Event/ Activity:

- Fundraiser
- Retreat
- Competition
- Conference/ Seminar
- Social Activity
- Program
- Camp School Enrichment Program
- Organized 4-H Club
- After-School Program
- Special Interest Classes/ Clinics
- Other _____

Scheduled Date(s) of Event/ Activity:

Start Date: _____

End Date: _____

Scheduled Date(s) of Event/ Activity:

Start Time: _____

End Time: _____

Location(s) of Event/ Activity:

Primary: _____

Backup: _____

Estimated Number of Attendees: _____

How does this event/activity promote the mission of the 4-H program?

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