Room Party Proposal/Planning Tool

Classroom/Teacher: _____

All Volunteer Names & Phone Numbers:

_____

_____

PTA Pre-Approved Craft: _____

Activity/Game (1) _____

Description _____

_____

Materials Needed (Please be detailed) _____

_____

Activity/Game (2) _____

Description _____

_____

Materials Needed (Please be detailed) _____

_____

Activity/Game (3) _____

Description _____

_____

Materials Needed (Please be detailed) _____

_____

Submitted by: _____ Phone No. _____

Approved by Principal _____

Approved by Nurse (if necessary) _____

<mark>Deadline to turn in this proposal is (November 6, 2025).</mark>