THIS DOCUMENT IS MEANT TO SERVE AS A RESOURCE OR TEMPLATE FOR ORGANIZATIONS TO USE AND BUILD FROM FOR EVENT PLANNING/EVENT MANAGEMENT PURPOSES. THE INFORMATION REQUESTED FOR THIS DOCUMENT IS NOT EXHAUSTIVE AND MEANT TO HELP ORGANIZATIONS BEGIN THE PLANNING PROCESS FOR APPROPRIATE EXECUTION OF EVENTS. WE RECOMMEND ORGANIZATIONS CONSULT THE RISK MANAGEMENT POLICIES OF THEIR RESPECTIVE INTER/NATIONAL HEADQUARTERS FOR ADDITIONAL RESOURCES AND INFORMATION ON EVENT MANAGEMENT. DELTE THIS PARAGRAPH AND CHANGE ANY YELLOW HIGHLIGHTED AREAS BEFORE SUBMITTING THIS DOCUMENT.

[INSERT NAME OF EVENT] EVENT MANAGEMENT PLAN

Event Title:

Event Outline: [Include a brief description of the event including date, start time and end times]

Event Location:

Event Date:

Event Start and End Times:

Sponsoring Organization(s):

Roles & Responsibilities:

NAME	ROLE	RESPONSIBILITIES	PHONE NUMBER
John Smith	Event Monitor	Monitor Back and Right Side Door	919-XXX-XXXX
Jane Doe	BYOB Manager	Redistribute Alcohol to Guest according to BYOB Procedures	919-867-5309

Attendance Records: [Include a link for attendance GoogleSheet].

Transportation: [Include information on how your members will be getting to and from the event]

Emergency Procedures & Key Contacts:

NAME	POSITION/ROLE	PHONE NUMBER
John Smith	Chapter Advisor	919-513-XXXX
Shelly Brown Dobek	NC State FSL Staff	919-270-8404

Waste Management & Clean Up:

[Organizations should have a plan for how they will clean up after the event. After the event who is responsible for cleaning up? By what time should the area be cleaned?]

Clean Up Crew:

NAME	PHONE NUMBER

RISK ASSESSMENT & PLANNING:

Barriers to Ideal Events {RISKS} – Q: What potential risks or barriers to success for this event exists?

- [RISK]
- [RISK]
- [RISK]

Risk: _____

Potential Impact:

_____
_____
_____
_____
_____

Eliminate | Mitigate | Reassign [Choose One]

How?

_____
_____
_____
_____
_____
_____

Who's Responsible?

_____
_____
_____
_____
_____

Risk: _____

Potential Impact:

_____
_____
_____
_____
_____

Eliminate | Mitigate | Reassign [Choose One]

How?

_____
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Who's Responsible?

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Risk: _____

Potential Impact:

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_____

Eliminate | Mitigate | Reassign [Choose One]

How?

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Who's Responsible?

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_____

SIGNATURES:

_____ _____

Chapter President **Date**

_____ _____

Chapter Advisor **Date**

_____ _____

Chapter Social Chair **Date**

_____ _____

Chapter Risk Manager **Date**

Fraternity and Sorority Life Review:

Review Notes:	**Approved? (Yes, No)**