

PTO Activity Proposal Form

Thank you for submitting an idea for an activity or fundraiser!
Please fill out the information below to describe your activity.

Activity Title: _____

Activity Description: _____

Mark any items below that may be needed for your activity.
Add additional items as needed.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Tables and chairs | <input type="checkbox"/> Sound System |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Serviceware | <input type="checkbox"/> Vendors |
| <input type="checkbox"/> Decorations | <input type="checkbox"/> Prizes |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Please indicate how you can participate in this activity



- Event Organizer
- Committee Member
- Day of Event
- Unable to volunteer at this time

Submitted by: _____ Phone: _____

Email: _____

Received by: _____ Date: _____