



HSA Initial Committee Report

Event: _____

School Year: _____

Committee Chair or Co-Chairs: _____

Phone: _____ Email: _____

Committee Chairs: _____

HSA Board Member Liaison: _____

HSA approved budget: _____

(Committee will only be reimbursed up to this amount maximum)

Brief Description of Event: _____

Date: _____ Where: _____

Include a copy of Facility Reservation Request Form

Of Attendees: Adults _____ Children _____

Outside Vendor Contact: _____

Name: _____ Supplied? _____

Address: _____

Phone: _____ Email: _____

Planning Details: Please provide a simple step process as to how the event is organized.

Approx. # of volunteers:

Set up & Clean up:
