Temple Israel of Great Neck
PROGRAMMING PLANNING INFORMATION FORM

TODAY'S DATE: _____

YOUR NAME: _____

PROGRAM TITLE: _____

IF A GROUP IS SPONSORING THE PROGRAM, WHAT GROUP? _____

DESCRIPTION OF PROGRAM: _____

PUBLICITY/ WHAT ARE THE "SELLING POINTS" OF THIS EVENT? _____

_____

_____

_____

WHY SHOULD PEOPLE COME TO THIS EVENT? WHAT WILL BE INCLUDED AT EVENT?

_____

_____

_____

MONEY NEEDED TO PAY FOR EVENT, INCLUDING COST OF ANY SPEAKER, FOOD, ETC. _____

SUGGESTED SOURCE OF MONEY, IF FUNDS ARE NEEDED: _____

ADMISSION COST FOR ATTENDEES: _____

SUGGESTED DATE & TIME OF PROGRAM: _____

LOCATION/ROOM REQUEST: _____

ESTIMATED NUMBER OF ATTENDEES: _____

ANY OTHER INFORMATION WE SHOULD KNOW? _____

_____

_____

YOUR SIGNATURE: _____

APPROVED BY PROGRAMMING VP: _____

APPROVED BY PROGRAMMING COMMITTEE CHAIR OR EXECUTIVE DIRECTOR: _____

Event will be put on TIGN calendar after approval by Programming VP/Committee Chairs/Executive Director.