

Sample Event Planning Request Form

Date request received _____

Day of Event _____ Time of Event _____ AM or PM

Date of Event _____

Candidate only _____ Candidate and spouse _____

Surrogate possible _____ Name of surrogate _____

Contact Name _____

Phone Numbers Home _____ Office _____

Cell _____

Name of Event _____

Type of Event _____

If fundraiser, what is the contribution per person _____

Sponsor(s) _____

Location _____

Congressional District _____ County _____ Media Market _____

Purpose of Event _____

Format _____

Estimated Attendance _____

Other speakers/VIPs _____

(name and title)

Media coverage expected: _____ Yes _____ No _____ Maybe/Invited

TV _____ Radio _____ Print _____

Candidate required to attend from _____ to _____

Comments: _____

DATE

_____ First response _____ Regret: by phone [] by letter []

_____ Tentative yes _____ Canceled: by whom _____

_____ Confirmed: by whom _____

Staffed by _____

Surrogate _____