



STILLWATER PTSA PLANNING FORM

If you have an idea for a project, program, or service activity you feel the Stillwater PTSA should consider, please provide the following information. Return the completed form to any elected PTA officer. You will be notified if your project has been approved. Thank you for your idea and for helping us provide new different events for our membership and the community we serve.

Name of project, program, or service activity: _____

Is this activity a: project program service

Name of person submitting this activity: _____

Phone Number: (____) _____ email: _____

Describe the activity:

To be held: Fall Winter Spring All Year

Other considerations:

Please give specifics of this activity to the best of your ability.

Expected income: \$ _____ Expenses: \$ _____

Resources needed: _____

Expenses will cover the purchase or rental of the following items:

Number of volunteers needed: _____ Building usage: _____

How does this activity meet our PTA's goals and mission?

For office use only: Date form received: ____/____/____ Received by: _____

Approved Denied Notified Submitter Date Notified