

Event: _____

Date of Event: _____

Group Members' Names: _____

<p>Agenda: (include times)</p>	<p>Supplies Required: (include cost)</p> <p>○</p>
<p>To Do List: (assign names to tasks)</p> <ul style="list-style-type: none"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>	<p>Advertising Plan:</p>