

PRODUCTIVE Eid

event planner.

Use this worksheet to help organise your next Eid get-together! View the full [article](#) for more practical tips.

volunteer list

Event Manager:

Task	Team Member(s)	Phone Number
Invitations		
Budget		
Fundraising		
Catering		
Transport		
Venue		
Activities		
Decorations		

guest list

Person in Charge: _____

	Name	Phone Number	Invited	Confirmed	# Attending	
					Adults	Children
1			<input type="radio"/>	<input type="radio"/>		
2			<input type="radio"/>	<input type="radio"/>		
3			<input type="radio"/>	<input type="radio"/>		
4			<input type="radio"/>	<input type="radio"/>		
5			<input type="radio"/>	<input type="radio"/>		
6			<input type="radio"/>	<input type="radio"/>		
7			<input type="radio"/>	<input type="radio"/>		
8			<input type="radio"/>	<input type="radio"/>		
9			<input type="radio"/>	<input type="radio"/>		
10			<input type="radio"/>	<input type="radio"/>		
11			<input type="radio"/>	<input type="radio"/>		
12			<input type="radio"/>	<input type="radio"/>		
13			<input type="radio"/>	<input type="radio"/>		
14			<input type="radio"/>	<input type="radio"/>		
15			<input type="radio"/>	<input type="radio"/>		
16			<input type="radio"/>	<input type="radio"/>		
17			<input type="radio"/>	<input type="radio"/>		
18			<input type="radio"/>	<input type="radio"/>		
19			<input type="radio"/>	<input type="radio"/>		
20			<input type="radio"/>	<input type="radio"/>		
21			<input type="radio"/>	<input type="radio"/>		
22			<input type="radio"/>	<input type="radio"/>		
23			<input type="radio"/>	<input type="radio"/>		
24			<input type="radio"/>	<input type="radio"/>		
25			<input type="radio"/>	<input type="radio"/>		
26			<input type="radio"/>	<input type="radio"/>		
27			<input type="radio"/>	<input type="radio"/>		
28			<input type="radio"/>	<input type="radio"/>		
29			<input type="radio"/>	<input type="radio"/>		
30			<input type="radio"/>	<input type="radio"/>		
31			<input type="radio"/>	<input type="radio"/>		
32			<input type="radio"/>	<input type="radio"/>		
33			<input type="radio"/>	<input type="radio"/>		
34			<input type="radio"/>	<input type="radio"/>		
35			<input type="radio"/>	<input type="radio"/>		
36			<input type="radio"/>	<input type="radio"/>		
37			<input type="radio"/>	<input type="radio"/>		
				Total:		

venue planning

Person in Charge: _____

Option	1	2	3
Address / Location			
Gender Segregation			
Outdoor Area			
Indoor Area			
Wheelchair Access			
Bathroom Facilities			
Parking			
Finalised Option	○	○	○

transport arrangement

Person in Charge: _____

Meeting Point	
	Time: _____

Option	Public Transportation	Charter Bus	Car Pool
Details			
Finalised Option	○	○	○

itinerary

Time		Schedule	Location	Person in Charge
Start	End			

activities & games

Person in Charge: _____

Activity	Indoors?	Outdoors?	Age Range	Supplies Needed	Estimated time
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>			

catering

Person in Charge: _____ **# of guests:** _____

Special Dietary Requirements:

Diabetic option _____

Low sodium _____

No red meat _____

Option	1	2	3
Caterer			
Contact Details			
Notes			
Quotation Booked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount Paid			
Amount Owed			

Menu	Item	Catered?	Potluck?	Who is bringing it?	Shopping List
Appetizers		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Sides		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Mains		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Desserts		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Drinks		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

budgeting

Person in Charge:

of guests:

Expenditure	Expected Funds	Funds Received	Payment Made
Invitations			
Venue			
Decorations			
Transport			
Catering			
Games			
Total			
	Cost per guest		

Sponsor	Date	Amount
	Total	

Payment Method
Bank account details:
by / /