

Illinois PTA Program Share Sheet

Program/Event Title: _____

Cost of Event/Budget: _____

How many volunteers does it require: _____

When is event held? (i.e. evening, school hours, weekends) _____

Calendar/Time line for Event/Program:

Program Description:

What did the program/event accomplish?

Contact Information:

Program Chair: _____

Email: _____ Phone (optional): _____