

**COVID-19 Event Planning Template**

Student Organizations are expected to have a written plan in place for any in-person events or programs that can be produced within 24 hours of request. This is a sample template that organization leaders can use for their own written plans. Please note that all student organization events and programs must be in accordance with University of Michigan, State of Michigan, and CDC Guidelines/Executive Orders. Please refer to the [CCI Website](https://campusinvolvement.umich.edu/fall2020-student-org-resources) for the most up-to-date information and guidance. **Please keep a copy of this form for your records.**

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| --- | --- |
| **Organization Name** | Click to Enter Organization Name |
| **Event Name** | Click to Enter Event Name |
| **Event Date** | Click or tap to enter a start date.  Click or tap to enter an end date. |
| **Event Time** | Click to Enter Event Time |
| **Event Location** | Click to Enter Address  Click to Enter City  Click to Enter Zip Code |
| **Anticipated # of Attendees** | Click to Enter Anticipated # of Attendees |
| **Event Type** | Choose an item. |

**Communication Plan:**

*Please outline how your organization will communicate requirements for social distancing, face coverings, accommodations for high-risk participants, and if the event needs to be moved/cancelled/changed.*

Click or tap here to enter text.

**Tracking Attendance:**

*Please outline how your organization will track attendance at this event, including RSVPs, check-in, and check-out processes if applicable.*

Click or tap here to enter text.

**Social Distancing and Face Coverings:**

*Please outline how your organization will ensure and enforce a 6-foot minimum social distance between participants, as well as the usage of face coverings by all participants at all times for your event/program:*

Click or tap here to enter text.

**Hygiene and Sanitization:**

*Please outline how your organization will limit high-touch areas and instances, and your plan to provide hygiene/regular sanitization for participants throughout the event.*

Click or tap here to enter text.

**Alternative Plans:**

*Please outline your organization’s contingency plans in the event of inclement weather or a need to switch to a fully virtual event.*

Click or tap here to enter text.

**Organization Lead Information for the Stay Safe, Stay Healthy COVID Initiative for this event/program**

|  |  |
| --- | --- |
| **Name** | First Name Last Name |
| **Title/Position** | Title/Position |
| **Email Address** | Email Address |
| **Phone Number** | Phone Number |

**Please provide the signature of the organizational representative listed above:**

|  |  |
| --- | --- |
| **Signature:** | Click or tap to enter a date. |