LIFE EVENT PLANNING
Event Plan

Name of Member_____ Date_____

Title of Project_____Goal _____

INCOME		EXPENDITURES						
Source	Amount of Income	Product	Service	Source	Key Features	Quantity	Unit Cost	Total Cost

Total Amount Budgeted _____ **Total to be Spent** _____

Note: Use up to 5 Event Plan pages to include all elements needed for the selected project. Enter the total amount budgeted and the total to be spent only on the last page of the Event Plan.