

Outreach Information

Team: _____

Location:	Contact:
Date:	Phone Number:
Time Start: Finish:	Email:
Outreach Type:	Departure Date/Time:

Song List: Name: Due:

Transportation Plan: Name: Due:

Team Roster:

Planning Checklist: Name: Due:

Inform team of outreach Assign checklists to team Determine equipment list

Loading Checklist: Name: Due:

<input type="checkbox"/> Prop box	<input type="checkbox"/> Make-up	<input type="checkbox"/> Powder
<input type="checkbox"/> Gloves	<input type="checkbox"/> Promo pack	<input type="checkbox"/> Promo board
<input type="checkbox"/> Mirrors	<input type="checkbox"/> Sale T-shirts	<input type="checkbox"/> iPod + cables
<input type="checkbox"/> First Aid kit	<input type="checkbox"/> Bibles/tracts/handouts	<input type="checkbox"/> Sound system
<input type="checkbox"/> Carpets	<input type="checkbox"/> CD's	<input type="checkbox"/> Boom box (lrg/reg)
<input type="checkbox"/> Ice chest	<input type="checkbox"/> Water bottles/cooler	<input type="checkbox"/> Sun screen
<input type="checkbox"/> Extension cords	<input type="checkbox"/> Thank-you cards	<input type="checkbox"/> Other: _____

Departure Checklist: Name: At departure.

iPod + cables recovered All props packed up Clean areas used by team

Return Checklist: Name: Due:

Return sound system Sign-in equipment Put all equipment away

Complete OI and ELI File completed forms in office inbox

Outreach Summary:
