Agenda for Family Program

Activities	TIME ALLOTMENT	Person Responsible
Greetings & Special Words of Thanks	. de	
Special Message, purpose of celebration and gathering		
Declaration of Family Crest, values and beliefs		
Special Scripture or Poem		
Musical Selection		
Blessing of the Family		
Special remembrances for those who died this year		
Special Prayer or verse		
Recognition of new family members, elder birthdays and other special significances		
Benediction/Conclusion		
Presentation of Family Record Certificate, Family Tree and/or Family Bible.		
Group Photo		
Meal or other activities		



REUNION & GATHERINGS SURVEY

Return Date://		
Return to:		
Name:		
Address:		
City:Sta	te: Zip:	_
Phone:	Email:	
Would you be interested in atter	nding a reunion or gathering?	☐ Yes ☐ No
Are you interested in serving on	a committee or sub-committe	e? □ Yes □ No
Number of attendees in your gro	oup: Adults Teens	Children
We are considering holding the you interested in?	reunion in Louisville, Kentuck	y. What activities are
 □ Churchill Downs/ Kentucky Derby Museum □ Louisville Slugger Museum & Factory 	 □ Muhammad Ali Center □ Museums (specify if not listed) □ Belle of Louisville □ Theatre/Music/Dance 	□ Six Flags Kentucky Kingdom□ Golf□ Shopping□ Tours
□ Louisville Science Center□ Speed Art Museum	Performance KentuckyShow!	☐ Dining Out ☐ Other
Will you drive or fly? □ Drive	□ Fly □ Other	
What dates work best for you? First Choice: Secon	nd Choice: Third (Choice:
Should the gathering be? 1-2	2 days □ 3-5 days □ 1 wee	ek
The hotel rate per night should	be: □ \$65-\$85 □ \$85-\$125	□ \$165 & Up
Do you have any special require	ements or needs?	
Do you have contact information	n for (name of family member)

PRESS RELEASE WORKSHEET

Tear out(or copy), complete and return this worksheet no later than 8 weeks prior to the start of your family reunion: Communications Department; Louisville Convention & Visitors Bureau One Riverfront Plaza; 401 West Main Street, Suite 2300; Louisville, KY 40202 Communications@gotolouisville.com

Organization:	
Meeting Name:	
Date://	Location:
Organization's Web Address:	
Number Of Family Members Attend	ding:
States And/or Countries Represent	ed:
Media Contact:	Title:
Address:	
Email Address:	
Phone:	Fax:
Cell Phone or On-site Media Phone	e at Convention:
-	lic are occasionally added to our calendar of events at 'd like to have your event considered, check here.
Description of Family (history, con	nection to area, etc.):
Scheduled Events (times & location	ns for photo opportunities):
Name:	(to appear in print with the quote)
	(to appear in print with the quote)
Attach additional information, sucl	h as programs, agendas, and featured speakers/topics.



KEEPSAKE/SOUVENIR FORM

FIGURING KEEPSAKE COST	CASH/IN-KIND	ACTUAL
Cost per piece x number ordered	\$	\$
Design cost	\$	\$
Set-up	\$	\$
Additional colors (T-shirts, caps, etc.)	\$	\$
Production fees	\$	\$
Taxes	\$	\$
Shipping/packaging/postage	\$	\$
Total	\$	\$

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BUDGET FORM

EVENT INCOME	CASH/IN-KIND	ACTUAL
Donations/contributions (gift, door prizes, money, etc.)	\$	\$
Keepsakes (photo album, T-shirt)	\$	\$
Membership dues/fees	\$	\$
Sponsorships	\$	\$
Door prizes/awards	\$	\$
Scholarships (contributions for members on a limited income)	\$	\$
Subtotal	\$	\$

PRE-EVENT EXPENSES/DEPOSITS	Cash/in-kind	ACTUAL
Banking fees	\$	\$
Registration supplies	\$	\$
Phone calls	\$	\$
Postage	\$	\$
Awards/certificates/prizes	\$	\$
Printing (program, registration, survey)	\$	\$
Rentals (a/v, sports equipment, tents, wheelchairs, etc.)	\$	\$
Decorations/banners/signs/displays/flowers/paper goods	\$	\$
Deposits (room, equipment, entertainment, caterer, etc.)	\$	\$
Tours and local guides	\$	\$
Transportation	\$	\$
Meals	\$	\$
Keepsakes	\$	\$
Other	\$	\$
Subtotal	\$	\$

EVENT DAY EXPENSES	Cash/in-kind	ACTUAL
Entertainers/musicians/band/DJ, etc.	\$	\$
Photographer/videographer	\$	\$
Meals (breakfast, lunch, dinner, snacks)	\$	\$
Beverages	\$	\$
Final payments (room, equipment, caterer, etc.)	\$	\$
Local sales & occupancy tax (check with accommodations for tax rate)	\$	\$
Subtotal	\$	\$

Post-Event Expenses	CASH/IN-KIND	ACTUAL
Printing (post-reunion newsletter)	\$	\$
Postage	\$	\$
Pictures/developing	\$	\$
Subtotal	\$	\$
Total	\$	\$



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Agenda for Family Program

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REUNION EVALUATION FORM

ELEMENTS	COMMENTS AND/OR IMPROVEMENTS
Were the number of participants reached?	
Were overall goals achieved?	
Did we stay within Budget?	
Did committee members complete assignments?	
Did committee members stay within budget?	
Did committee heads communicate regularly with members?	
How was the special remembrances for those who died this year?	
Were there sufficient number of helpers?	
Did committee meet regularly or have sufficient number of meetings?	
Was the site location well suited for the event?	
Were there favorable comments received about location?	
Was parking adequate?	
Were amenities adequate?	
Was hospitality adequate (tables, chairs, food, space, on-site personnel, etc.)?	
Was lunch program well received?	
Was equipment adequate?	
Was the presentation of the food/service adequate?	
Were there sufficient food, snacks, beverages, refreshments for all?	
Were there sufficient number of mailings with/minimum return?	
Was registration smooth and organized?	

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Number Of Family Members Attend	ding:
States And/or Countries Represent	ed:
Media Contact:	Title:
Address:	
Email Address:	
Phone:	Fax:
Cell Phone or On-site Media Phone	e at Convention:
	lic are occasionally added to our calendar of events at 'd like to have your event considered, check here.
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