

SCPS Support Organizations
Annual Planning Form for _____
(School year)

Name of your organization _____

Purpose/mission:

Officers:

Planned meeting times/locations:

Planned general activities/events (title, description, time/date, etc.):

Planned fundraisers (title, description, purpose, beginning/end dates and times, etc.):

Planned projects/goals for the year:

Special needs or requests: