



EVENT CHAIRPERSON PACKET

Thank you for volunteering to be a Home & School Association Chairperson. Without you many of our events would not be possible and funds not available to support our staff and students. This packet of information will guide you through the process and procedures required of Chairpersons.

Contact Person The Corresponding Secretary of the HSA, Kim Condurso, will be your facilitator if you should have any questions regarding your event. She can be reached via email at kcondurso@lrhsd.org or by phone at 609-668-4524.

Home and School Association Meeting Schedule

The Home & School Association General meetings are held on the first Monday of each month in the IMMS Library. Please attend or have a representative attend the monthly HSA meetings prior to your event to provide your event plan, obtain the budget and to recruit volunteers. After the event, we would also like a representative to come to the meeting to provide a report of the event including the profit report. Please review all the information in this packet and share it with your co-chair(s).

Chairpersons' General Procedures

- Contact Todd Hall via e-mail thall@ims.k12.nj.us for day events and Bill Simons at bsimons@ims.k12.nj.us for evening events at 609-268-0440 to reserve an area at the school or if you need assistance.
- If you also need custodial staff help at an individual school, please fill out request form in Main Offices at least 2 weeks prior to event. (Example, need tables or help with heavy boxes)
- If you need to use the kitchen facilities, contact Samantha Saville, Food Service Manager at 609-268-0440 ext 1019 at least 3 weeks prior to event utilizing the Kitchen Request Form, if applicable.
- If you need EMT staff or Fire Truck, contact Indian Mills Fire Station at 609-268-9037.

Advertising your Event

- All correspondence advertising your event should first be submitted to the HSA Board. This includes paper flyers, e-flyers, posters, etc... Digital copies of your advertisements can be emailed to Kim Condurso (kcondurso@lrhsd.org).
- Thursday Packet: If you would like to have your event advertised in the Thursday packet, please do not email the secretaries directly. Send your correspondence to Kim Condurso and she will forward it on to the school.
- Flyers: Flyers go home on Thursdays. Once approved, bring to Main Office of IMS and/or IMMS for copying no later than Monday, 3pm. Please conserve paper, use both sides and 1/2 pages when appropriate.
- IMHSA Newsletter: Goes home the 1st Thursday of every month; deadline for articles is the Tuesday prior. Send all articles or announcements to the IMHSA Recording Secretary, Bridget Sawdy (bsawdy@verizon.net).

- Posters: Once approved, posters can be placed at both schools. Make your own or use posters provided by your event. Contact Main Offices for permission and placement areas.
- Marquee: Contact Student Council at IMMS, 609-268-0440. Deadline is 3 weeks prior to event.
- Website: To advertise your events on the website please contact Bridget Sawdy. Please do so at least 2 weeks prior to your event.
- Volunteers/Supplies: Please contact Kim for a list of volunteers and email addresses available to assist you with your event. In addition, please utilize Signup Genius, an online volunteer registration system to request additional volunteers and supplies as needed.

Handling of Funds

- You and your co-chairs will be responsible for collecting and counting all money received from your event.
- The following are guidelines for handling monies received and expenses incurred for your event: Attend or designate a co-chair to attend the monthly HSA Meeting prior to your event to present your event plan, to obtain volunteers interested in assisting with your event, and to obtain the budget for your event. If you or your co-chair(s) are unable to attend the HSA meeting, please contact the HSA Treasurer, Barry Epps (barrydepps@yahoo.com), directly to obtain the event budget.
- If your event will require a cash drawer, cash register, and/or starter cash, please notify the HSA treasurer 2 weeks prior to the event.
- A “Deposit Form” (*see attached*) must be submitted with each deposit made. Please count all cash and checks documenting the amount of each on the Deposit form and present your deposit(s) to the HSA Treasurer or HSA President (scottcaloiaroiimhsa@yahoo.com) during or within 1 week after the event for a 2nd count. Arrangements can be made with the Treasurer for drop-off or pickup.
- A “Check Request Form” (*see attached*) must be submitted with all invoices and receipts for reimbursements. Please stay within the budget and be specific as to purpose of items purchased. Reimbursement checks will only be dispersed within 2 weeks of Check Request Form receipt. An invoice or receipt is required for *every* check that is written. Handwritten receipts are not acceptable. Please have all receipts to the Treasurer within 2 weeks of your event and retain a copy of your receipts for your records.
- At the close of your event, please complete the “Event Profit Report” (see attached) and present to the HSA Treasurer showing the total revenue received, expenses incurred, and final event profit.

If you have any questions, feel free to reach out to the HSA Treasurer. We're here to assist in any way we can and sincerely appreciate your support!

IMHSA CHECK REQUEST FORM



Directions: Please fill out completely; be specific and attach all receipts. Give the bottom copy to the HSA Treasurer. Keep the top copy for your records. Thank you very much!

IMHSA CHECK REQUEST FORM 2015 - 2016	
Date:	Event:
Name:	Invoice #:
Check to:	Address:
Amount of Check Request:	Purpose:
HSA Treasurer:	Check #:
HSA President:	
Chairperson Copy	



IMHSA CHECK REQUEST FORM 2015 - 2016	
Date:	Event:
Name:	Invoice #:
Check to:	Address:
Amount of Check Request:	Purpose:
HSA Treasurer:	Check #:
HSA President:	
HSA Treasurer Copy	



IMHSA DEPOSIT FORM

Directions: Fill out completely. Give the bottom copy to the HSA Treasurer. Keep the top copy for your records. Thank you.

IMHSA DEPOSIT FORM 2015 - 2016			
Date:		Event:	
Name:		Total Amount of Deposit:	
Cash Deposited:	Coins Deposited:	Amount of Checks Deposited:	Number of Checks:
Chairperson Signature:			
HSA Treasurer Signature:			
Chairperson Copy			



IMHSA DEPOSIT FORM 2015 - 2016			
Date:		Event:	
Name:		Total Amount of Deposit:	
Cash Deposited:	Coins Deposited:	Amount of Checks Deposited:	Number of Checks:
Chairperson Signature:			
HSA Treasurer Signature:			
HSA Treasurer Copy			



**IMHSA CHAIRPERSONS
2015 – 2016 EVENT PROFIT REPORT**

Event: _____	
Date: _____	
Deposit Date(s):	Deposit Amount(s):
Total Deposit(s):	\$
Check Requests(s):	Check Amount(s):
Total Check Request(s):	-\$
Event Profit (Deposits – Check Requests):	\$