

Event Date: _____

Event Planning Format

Event/Organization: _____

Location for event: _____

Event day/date: _____ Start time: _____

Estimated attendance: _____ End time: _____

Time event preparation by group must begin: _____ Set up by: _____

(If applicable, this occurs in addition to set-up, which is normally done prior.)

SET UP REQUEST					
	Quantity	Podium	A/V Equipment	Aramark Cater	Alcohol Served
Round tables		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8' Tables		<input type="checkbox"/> Lg <input type="checkbox"/> Sm			
Chairs					
Linens/tablecloths				Contact Brian	Sign Policy
Stage sections (4'x8')					

Additional Needs: (Place "X" in box to indicate need.)

<input type="checkbox"/> Skirting color: _____	<input type="checkbox"/> Microphone	<input type="checkbox"/> CD/DVD player
<input type="checkbox"/> Backdrop	<input type="checkbox"/> Projector	<input type="checkbox"/> Technician
<input type="checkbox"/> Choir risers	<input type="checkbox"/> Screen	
<input type="checkbox"/> Piano	<input type="checkbox"/> Sound system	<input type="checkbox"/> Bleacher seating

List other needs:

Contact Information

Contact Person/Group: _____

Email: _____ Phone: _____