

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: _____