

## Campus Event Planning Checklist

Event Information			
Event Name:			
Event Date/Time:			
Event Location:			
Department/Oversight:			
Cost Center:		Budget:	
Guests:	#	<input type="checkbox"/> Staff	<input type="checkbox"/> Faculty <input type="checkbox"/> Students <input type="checkbox"/> Off Campus

General Requirements			
Comet Calendar Posted:	<input type="checkbox"/> Internal <input type="checkbox"/> Public		
Risk Assessment Submitted:		Approval Received:	
Event Registration Submitted:			

Room Reservation	
Location(s):	
Dates/Times Requested:	
Request Submitted:	
Confirmation Received:	

Facilities Management			
Request Details:	<input type="checkbox"/> Cocktail Tables <input type="checkbox"/> Staging <small>[must submit separate requests via on-line form for tables/stage]</small>		
Set-up Date/Time:		Breakdown Date/Time:	
Request Submitted:		Confirmation Received:	
Work Order #:			

Catering			
<input type="checkbox"/> Chartwells			
Food/Beverage Needs:	<input type="checkbox"/> Reception <input type="checkbox"/> Plated <input type="checkbox"/> Buffet		
<input type="checkbox"/> Alcohol/Bartender	<input type="checkbox"/> Included in Risk Assessment		
Set-up Time:		Breakdown Time:	
Request Submitted:		Invoice #:	
<input type="checkbox"/> Outside Catering:	<input type="checkbox"/> Request Submitted _____ <input type="checkbox"/> Confirmation Received _____		

Media Services					
AV Needs:	<input type="checkbox"/> Tech Support On-Site <input type="checkbox"/> Set-up Only				
Set-up Date/Time:		Sound Check Date/Time:		Breakdown Date/Time:	
Request Submitted:		Confirmation Received:			

