EVENT CHECKLIST

EVENT DETAILS	
Location: _____	Time: _____
Date: _____	Point of Contact: _____

VENUE DETAILS	
Venue Point of Contact: _____	Walk-through Date and Time: _____
Day-of Load In Time: _____	Day-of Load Out Time: _____

FOOD + BEVERAGE	
Caterer Name: _____	Catering Point of Contact: _____
Open Bar? Cash Bar? _____	Bar Service Name: _____
Bar Point of Contact: _____	

ENTERTAINMENT	
Entertainment Type: _____	Entertainer Name: _____
Entertainment Point of Contact: _____	

PERMITS + LICENSING	
Event Permit? ☐ Yes ☐ No	Food Permit? ☐ Yes ☐ No
Drink Permit? ☐ Yes ☐ No	Music/ Noise Permit? ☐ Yes ☐ No

INTERNAL EVENT TEAM	
Team Member:	Phone Number:
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EVENT AGENDA

HOUR	ACTIVITY	NOTES