

EVENT CHECKLIST



COMPANY NAME: DAY OF EVENT:

EVENT NAME: DATE OF EVENT:

- ESTIMATED NUMBER OF PEOPLE:
- PRIMARY CONTACT NAME:
- PREFERRED METHOD OF CONTACT:
- ADDITIONAL CONTACTS:
- BUSINESS PHONE #:
- CELL PHONE #:
- EMAIL ADDRESS:
- ROOM(S) NEEDED:
- TYPE OF EVENT:
- FULL OR HALF DAY:
- ROOM SET UP (IE BANQUET, CLASSROOM, THEATRE, ETC):
- TABLE TYPE NEEDS/PURPOSE:
QUANTITY:
- OTHER TABLE NEEDS:
QUANTITY:
- LINENS NEEDED AND COLOR:
- NAPKIN LINENS AND COLOR:
QUANTITY:
- MEAL TIME:
- BAR START TIME AND END TIME:
- EVENT END TIME:
- CHINA, SILVERWARE, OTHER:
- ITEMS SUPPLIED BY CLIENT:
- OTHER ITEMS TO NOTE:
- PLATED OR BUFFET MEAL:
- MENU SELECTION:
- APPETIZERS:
- SPECIAL DIETARY NEEDS:
- BAR - HOSTED/CASH:
- SPECIAL INSTRUCTIONS:

- FULL OR PART BAR:
- START AND END TIME:
- A/V NEEDS (IE TV, MICROPHONES, PODIUM):

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