

ATTCHMENT B - VENUE WORKSHEET



Client Information

Name of Client:

FIRST	LAST
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Phone Number:

Email Address:

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Event Information

Name of Event:

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Confirmed Number of Attendees:

Reservation ID (refer to Letter of Agreement):

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Confirmed Date and Time:

DATE	START	AM	PM	END	AM	PM
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For multi-day events, please list confirmed dates and times below:

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Rented Event Venue:

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If multiple locations are rented, please list confirmed event venues below:

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Additional Event Services (select all that apply):

- Catering - page 2
- Event Planners - page 2
- Live Music - page 2
- Equipment Rentals - page 3
- Lighting - page 3
- Florists - page 3
- Bar Service - page 2
- Decorators - page 2
- Disc Jockeys - page 2
- Audio Visuals - page 3
- Photo & Video - page 3
- Desserts - page 3

If using a tent/inflatable device or have power requirements, please list details below:

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Outside Vendors



CATERING

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



EVENT PLANNERS

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



LIVE MUSIC

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



BAR SERVICE

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



DECORATORS

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



DISC JOCKEYS

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:

Outside Vendors (cont.)



EQUIPMENT RENTALS

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



LIGHTING

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



FLORISTS

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



AUDIO VISUAL

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



PHOTO & VIDEO

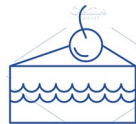
Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:



DESSERTS

Company Name:

Point Person:

Phone/Email:

Arrival Time: AM PM

Special Requests:

Event Timeline

Time	Event	Location
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		
AM PM		

Office of Event Management Use Only

Documents

- Letter of Agreement
 Terms & Conditions
 Certificate of Insurance
 Minors Packet
 IPC Form
 Alcohol Form
 Work Order
 Other: _____

Personnel

Assigned Police Officer(s):

Assigned Onsite Venue Coordinator(s):