



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		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8' Tables		☐ Lg ☐ Sm			
Chairs					
Linens/tablecloths				Contact Brian	Sign Policy
Stage sections (4'x8')					

Additional Needs: (Place "X" in box to indicate need.)

☐ Skirting color: _____	☐ Microphone	☐ CD/DVD player
☐ Backdrop	☐ Projector	☐ Technician
☐ Choir risers	☐ Screen	
☐ Piano	☐ Sound system	☐ Bleacher seating

List other needs:

Contact Information

Contact Person/Group: _____

Email: _____

Phone: _____