

GRADUATE SCHOOL OF EDUCATION AND COUNSELING
EVENTS CHECKLIST

DATE(s) of Event: Sunday Monday Tuesday Wednesday Thursday Friday Saturday _____ Year

NAME of Event: _____

Start Time: _____ A.M./P.M. End Time: _____ A.M./P.M. Set-up Time: _____ A.M./P.M. Acct #: _____ Budget: \$ _____

Event Coordinator: _____ Dept./Organization: _____

Phone: _____ Fax: _____ Email: _____

Guest Count: _____ Target Audience _____

ROOM(s) *North & SC Chapel/Corbett House – events@ or Jessica x7238 or Sherron x7109 fax x7106 Rogers & SCCC – jobrien@ or Joanie x6032):*

_____ Date Requested: _____ (attached)

_____ Requested with: _____

_____ Date Confirmed: _____ (attached)

Signage request? _____ (Please remember to call Campus Safety to remind them to pick up your black corrugated signage and store with Transportation and Parking. The cost for signage is \$8 each.

AV/MEDIA NEEDS *Instructional Media Services x7290, fax x7228* **Must provide a minimum of 2 weeks prior notice:**

No Yes:

Overhead Screen PowerPoint Mic for Podium Portable Mic Lapel Mic Slide Projector

DVD VCR Video Camera Extra extension cords Plug Adapters Other: _____

FACILITIES NEEDS *Kurt Armstrong fax x7841: FACILITIES REQUESTS MUST GO THROUGH EVENTS@LCLARK.EDU*

Tables: Catering – Qty _____ Registration – Qty _____ Rectangles – Qty _____ Rounds for 6 – Qty _____ Rounds for 8 – Qty _____

Podium Raised platform/stage Coat Racks – Qty _____ Add'l chairs – Qty _____ **Setup faxed x7841:** _____

Rental items needed: _____

Banners or decorations need hanging? *(be specific)* _____

PARKING NEEDS *Marilyn or Mark x7857, fax x7841:*

_____ Reserved spaces Requested/Notified Transportation: _____ Passes required? No Yes How Many? _____

Comments: _____

DORM ROOMS REQUIRED? *Sandi Bottemiller/Residence Life x7183 – fax x7301:*

Date requested: _____

_____ Females # of rooms: _____ Dorm assigned: _____

_____ Males # of rooms: _____ Dorm assigned: _____

_____ Couples # of rooms: _____ Dorm assigned: _____

Dorm layout attached Keys provided: _____ Keys returned: _____

HOUSEKEEPING NEEDS *Housekeeping x7851, fax 7841:*

Reference work orders: # _____ # _____ # _____ # _____

GROUNDS REQUIREMENTS *Send in work order electronically to Facilities Services:*

Reference work orders: # _____ # _____ # _____ # _____

CATERING Bon@lclark.edu, Beau x7888, fax x7899: No Yes: **Potluck – Food Waiver Required – must be sent to Bon and Events** (Form available online at <http://www.lclark.edu/dept/events/>)

Guest Count: _____ Catering table(s) requested – Qty _____ Skirted? _____ Color: _____

SERVICE: China Silverware Glasses Paper Plastic

TABLE LINENS: No Yes: Color: White Ivory/Champagne Other Color: _____ Qty _____

Dining Tables skirted? No Yes Color: _____

NAPKINS: Linen Paper Color: _____ # Required for Centerpieces? _____

Theme/Table decorations & who supplies: _____

ALCOHOL: No Yes Type: Wine Beer _____ Champagne Sparkling Cider Approval submitted: _____

Ice Water Coffee Service (Regular/Decaf) Tea Service (Hot Water/Regular & Herbal)

Soda's: Assorted Call _____

Alcohol Waiver Required –must be sent to Bon and Events (Form available online at <http://www.lclark.edu/dept/events/>)

MENU:

Morning: Set up by: _____ Noon: Set up by: _____ Evening: Set up by: _____

Location: _____ Location: _____ Location: _____

_____ Afternoon: Set up by: _____

_____ Location: _____

Throughout day: _____

Date Bon Appetit order form faxed to x7899 _____ Menu approved/confirmed _____

SIGNS (\$8/each) fax x7106: Need made: Already have None required

1. _____ 7. _____

2. _____ 8. _____

3. _____ 9. _____

4. _____ 10. _____

5. _____ 11. _____

6. _____ 12. _____

Placed around campus per the attached campus map

Don't forget to call Campus Safety to collect your signage and take it to Transportation and Parking after the event. The signage will be available for your next event.

Additional comments: _____

SLM:C:Mydoes:Events Checklist – 8/9/04 edition