

EVENT CHECKLIST

Organization hosting the event:

Event Coordinator:

University employee responsible for event oversight if not the event coordinator:

Date(s) of Event:

Event Description:

Location:

Event Requirements:

Facility reservation: (attached completed facility use form)

Building & Grounds-

Electrical requirements of University confirmed-Name
Date

Custodial requirements confirmed- Name
Date

Grounds (moving of any equip, furniture, tables, etc.)

Security requirements confirmed-

AV requirements confirmed-

Catering requirements confirmed-

Insurance- Liability insurance naming the University & CCSI

Other-

Event Coordinator/Employee Signature

Date

Attach to event contract(s)

ct 11.1.07

Event checklist