Event Setup Checklist **Contract #:** _____

Event: _____

Date: _____ **Event Time:** _____

Contact Person: _____ **Phone / Email:** _____

Room(s) Booked: _____

☐ **Total Number of Guests:** _____

☐ **Table Formation:**

☐ Banquet rows ☐ Round tables ☐ Theatre seating ☐ Head table

☐ U-shape ☐ Classroom ☐ Other: _____

☐ **Number of Tables:** _____

Additional tables: ☐ Registration ☐ Food ☐ Display ☐ Dance Floor

☐ Small Rectangular ☐ Large Rectangular

☐ **Number of Chairs:** _____ ☐ **Podium** Required Location:_____

☐ **Sound System Required**

Number of microphones: _____ ☐ Microphone stands:_____

☐ Wireless handheld (2) ☐ lapel mic ☐ Technician needed Other: _____

☐ **TV Monitors Required**

Number: _____ ☐ Presentation (PowertPoint) ☐ Video ☐ Other: _____

☐ **Use of the Servery**

☐ Food preparation / plating ☐ Food service ☐ Coffee / tea

☐ Cooler access Other requirements: _____

☐ **Bar Service Required**

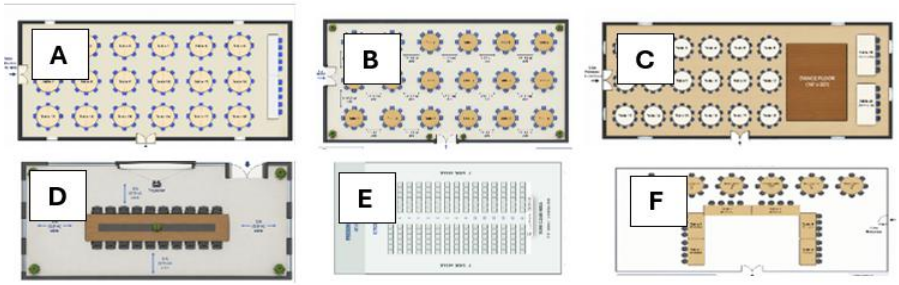
Bar location (Servery window): _____ Bar tender required ($150.) _____

Service hours: _____

Person responsible: _____

☐ **Other Equipment or Setup Requirements:** _____

☐ **Room Layout Attached** ☐ **Pattern** _____



☐ **Final Setup Checked with Event Organizer**

Setup Completed By: _____**Date / Time:** _____