

## SECTION 2.3 EVENT CHECKLIST

EVENI	IT NIAME.	DATE.	
EVENT NAME: DATE:			
EVENT CONTACT:			
RESE	ERVATIONS:		
0	Approval from Advisor AND the Director of Student Activities		
0	D /C       D		
0	T		
0	6 1		
0		Date Requested:	
0	B 1		
PLANNING: (TO BE COMPLETED BY THE EVENT COORDINATOR ONLY)			
	o Create a tentative outline for the event		
0	Check Budget! Create a list of needed supplies		
0	Request Petty Cash at least three weeks in advance		
0	Delegate responsibilities		
0	Photographer (yearbook or marketing)		
0	Food (if necessary)		
0	Security (if necessary)		
0	Diagram set-up request for Physical Operations in room reservation		
0	Van reservation (if necessary)		
0	Recruit volunteers		
MARKETING: (TO BE COMPLETED BY THE MARKETING COORDINATOR ONLY)			
0	Proof event design/t-shirt (DEADI	INE 1 MONTH to event)	
0	Event t-shirts ordered (DEADI	LINE 2-3 WEEKS to event)	
0	Flyers around campus (DEADI	INE 2 WEEKS to event)	
0	Social Media Ads (DEADI	LINE 1 WEEK to event)	
MATERIALS/RECEIPTS/BREAKDOWN:			
0	Purchase Supplies (At least 3 DAYS in advance)		
0	Keep track of all receipts		
0	Assign set-up and take-down crews		
0	Fill out evaluation		
0	"Thank You" notes		
0	Return to organization President upon com	pletion Date Returned:	