

EVENT PLANNING CHECKLIST

The Event

Member in charge: _____

Date: _____ Start time: _____ End time: _____

Type of event: _____

Theme: _____

Describe all activities, including any to and from facility: _____

Budget Considerations

Cost:

Location: _____

Estimate # of participants (no more than three times chapter size*): _____

**Having more than three times the chapter size attend will nullify your insurance coverage.*

Transportation to and from event: _____

Invitations/develop guest list: _____

Date to be mailed: _____

Third-party vendor: _____

or—BYOB (Bring Your Own Beverage) System: _____

- Maximum of one six-pack of 12-ounce beer cans or 750 milliliters of wine per member; no glass containers; no liquor permitted.
- Use some method, preferably professional security, to identify guests who are 21-years-old and older (i.e., marking pens, unique hand stamp, or wrist bands).
- Have someone monitor central area where alcohol is located.

Low salt food/non-alcoholic beverages: _____

Security: _____

Jobs to be performed by members (sober monitors, clean-up, neighbor contact, etc.): _____

Estimated # of staff and/or hired persons needed: _____

Certificates of Insurance Needed

Date Sent/Received

Third-party vendor: _____

Facility: _____

Security company: _____

Charitable organization: _____

Other: _____

One Day before Event

Facility/set up: _____

Contracts signed: _____

Certificates of Insurance in: _____

Guest list complete: _____

Member assignments confirmed: _____

Risk management controls in place: _____

Neighbors contacted: _____

Food/non-alcoholic beverages purchased: _____

Transportation: _____

Other: _____

Other: _____

Other: _____

The Day after Evaluation

Was event a success? Why or why not? _____

Budget changes for next time: _____

Follow-up necessary? _____

NOTE: Attach guest list to this completed form after the event and keep in your files.