### Student Organization Event Planning Checklist

**Name of Event:**

**Date(s):**

**Responsible organization:**

**Person in Charge & Cell Phone:**

**Estimated Number of Participants:**

#### Facilities:
- [ ] Location(s) reserved:
- [ ] Rain location reserved:
- [ ] Set Up Confirmed (ie tables, chairs, stage, trash cans, etc.)
- [ ] Set Up Date/Time:
- [ ] Tents(s) Needed: (Number)

#### Audio/Visual/Lighting:
- [ ] Equipment ordered: (List equipment) 
- [ ] Set Up Date/Time:
- [ ] Music Needed:

#### Publicity:
- [ ] Invitations: (Number) ; (Date Sent)
- [ ] Flyers created and distributed: (Date) 
- [ ] Banners hung: (Date & Places) 
- [ ] (Digital) Signs posted: (Date & Places) 
- [ ] Newspaper Ad Run Date(s):
- [ ] Event website updated (Date):
- [ ] Listing on other website (ie Facebook) (Dates to run):
- [ ] Emails sent: (Date) 
- [ ] Announcements at RA/Floor meetings: (Date) 
- [ ] Other:

#### Food:
- [ ] Menu selected: (Menu)
- [ ] Chartwells order placed: (Date) 
- [ ] Set up time:
- [ ] Food donated from:
- [ ] Food for volunteers ordered: (Date) ; (Menu)
- [ ] Followed alcohol policies
- [ ] Other:

#### Speaker/Band/DJ/Honorarium:
- [ ] Entertainer/Performer Confirmed: (Name)
- [ ] Contract Info Sheet completed to Student Organizations Office: (Date)
- [ ] Contract signed and turned in: (Date)
- [ ] Gifts for speaker(s) ordered/purchased: (Items)

#### Decorations:
- [ ] Balloons ordered: (how many/color)
- [ ] Tablecloths needed: (Number)
- [ ] Other decorations: 

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EVENT PLANNING CHECKLIST (Cont’d)

Printed Materials:
___ Programs ordered: (Number) ______________________; (Date) ______________________
___ Directional Signs ordered: (Number) ______________________; (Date) ______________________
___ Signs for event: (Number) ______________________
___ Name tags: (Number) ______________________

Parking/Transportation:
___ Charter Buses reserved: (Company) ______________________; (Date) ______________________
___ Parking tokens purchased: (Number) ______________________
___ Parking permits purchased: (Number) ______________________
___ Secured parking location for participants: (Location) ______________________
___ Extra parking needed: (Location) ______________________

Security:
___ Security reserved

Handicap Accessibility:
___ Arrangements made

Recycling:
___ Arrangements made

Photographer:
___ Confirmed: (Name) ______________________

Copyright (IF showing a movie):
___ Followed approved copyright laws

Permits:
___ Received all permits: (Types) ______________________

Giveaways:
___ Giveaways ordered: (Number) ______________________
___ Giveaways prepared: (Number) ______________________

Other Supplies Needed:
___ Maps: (Number) ______________________
___ Tickets: (Number) ______________________
___ Flip charts/markers: (Number) ______________________
___ Tape, staplers, pens: (Number) ______________________
___ Cash box/change: (Number) ______________________
___ Trash bags: (Number) ______________________
___ Water for speakers: (Number) ______________________

Risk Management:
___ Risk assessment completed
___ Risk management actions identified (liability insurance, participant waivers, safety personnel, safety equipment required)
___ Rehearsal/walk through scheduled (if needed)

Funding:
___ Applied for SGA Event Grant: (Date) ______ ______; (Approved) $ ______________________
___ Co-Sponsorships confirmed: ______________________
___ Donations: ______________________
___ Ticket sales: ______________________
___ Raffle: ______________________
___ Membership approved event
___ Funded in the budget
___ Advisor briefed and approved (if necessary)

After the Event:
___ Returned rented items
___ Returned any items to storage
___ Sent Thank You notes
___ Paid ALL bills
___ Have participants do evaluation