



Event Checklist

Tenant Name: _____

Contact Name & Phone Number: _____

Type of Event: _____

Date & Time of Event: _____

Location of Event: _____

Will you have the following deliveries:	YES	NO	Name of Vendor* / Delivery Date & Time
**Caterer			
Furniture Delivery			
Instruments/Band			

Will you need the following:	YES	NO	Comments
*OT HVAC			
Kastle Cards/Keys			
After Hours Parking			
Special Cleaning			
On-Duty Security Officer			
Trashcans			
Freight Elevator Access			
Restrooms Unlocked on LL and/or PH Level			

Special Instructions:

***REMINDER: Please submit all required forms before the event.**

***REMINDER: Please submit Certificate of Insurances.**

****REMINDER: Host Liquor Liability required if alcohol is to be served.**