

Appendix "A"

DELTA CHI

EVENT PLANNING FORM

Section I: Event Development

| TASK | DATE COMPLETED | PERSON(S) RESPONSIBLE |
|---|----------------|--------------------------|
| Preliminary discussion: | _____ | _____ |
| Budget discussion: | _____ | _____ |
| Proposal and theme: | _____ | _____ |
| Initial preparation/approval: | _____ | _____ |
| Advisor notification: | _____ | _____ |
| Type of event: _____ | | |
| Date(s) of event: _____ | | |
| Location(s) of event: _____ | | |
| Transportation to event: _____ | | |
| University approval: _____ | Date: _____ | |
| Legal review: _____ | Date: _____ | |
| Will alcoholic beverages be permitted at event? _____ | Yes/No _____ | |

Section II: Pre-Event Preparation

Person in charge of event: _____

Estimated number of members attending: _____

Estimated number of alumni attending: _____

Estimated number of guests attending: _____

Estimated number of participants or spectators (if applicable): _____

Estimated number of staff/professional/hired personnel: _____

Location

Name of establishment: _____

Type of transportation: _____

Contact person: _____ Telephone number: _____

Parking available: _____

Contract reviewed: Yes/No By whom: _____ Date: _____

Security

Name of company / individuals in uniform: _____

Number hired: _____ Hours hired: to _____

Fee: _____ Written agreement: Yes/No

Contact person: _____ Telephone number: _____

Beverages and Food

Non-alcoholic beverages being provided: _____

Cost per drink: _____ How Served: _____

Alcoholic beverages will be available from: _____ to _____

BYOB: _ Third Party Vendor: _____

Name of licensed company: _____

Contact person: _____ Telephone number: _____

Copy of liquor license obtained: Yes/No

List of members of legal drinking age attached: Yes/No

Food provided by whom: _____

Contact person: _____ Telephone Number: _____

Miscellaneous Information

Description of event: _____

What risk management controls will be in place? _____

Section III: Event Day

| ADMINISTRATIVE | DATE COMPLETED | PERSON(S) RESPONSIBLE |
|---|-----------------------|----------------------------------|
| Facility confirmed/set up/adequate for event: | _____ | _____ |
| Personally re-confirmed/ assignments/supervision: | _____ | _____ |
| Contracts, etc. completed: | _____ | _____ |
| Financial arrangements completed: | _____ | _____ |
| Food and alternative beverages available: | _____ | _____ |

Identify organizations and services for which certificates of insurance need to be provided:

1. _____
2. _____
3. _____
4. _____

What risk management/loss controls will be in place (e.g., ID checking, security, transportation, monitors, etc.):

1. _____
2. _____
3. _____

Section IV: After Event Evaluation

Has the event been a success? Why or why not?

Have budget considerations been met?

What action needs to be taken to ensure future success of the event next time?

Were there any violations of the Delta Chi's Risk Management Policy?

What follow up if any was needed?
