Campus Event Planning Checklist

Fill out this checklist before you begin planning your event so that you'll have the information handy, Don't worry if you don't know the answers to some of these questions — just keep them in mind as you're going through the planning process itself.







EVENT INFORMATION		
Event Name:		
Event Date/Time:	Rehearsal Date:	
Department/Oversight:		
Cost Center:	Budget:	
Expected Participation:		

GENERAL REQUIREMENT			
Calendar Posted: Internal	Public		
Risk Assessment Submit:	Approval Received:		
Event Registration Submit:			

Location(s):
Dates/Times Requested:
Request Submitted:

Confirmation Received:

FACILITIES REQUIREMENT		
Request Details: Cocktail Tables Staging		
Set-Up Date/Time:	Breakdown Date/Time:	
Request Submitted:	Confirmation Received:	
Work Order:		

CATERING		
□ Chartwells		
Food/Beverage Needs:	eception Plated Buffet	
□ Alcohol/Bartender □ Included in Risk Assessment		
Set-Up Time:	Breakdown Time:	
Request Submitted:	Invoice #:	
 Outside Catering Request Submitted 	Confirmation Received	

MEDIA SERVICES		
AV Needs: Tech Support On-Site Set-Up Only		
Set-Up Date/Time:	Sound Check Date/Time:	
Breakdown Date/Time:		
Request Submitted:	Confirmation Received:	

PARKING/POLICE

Police/Guard Support:

Parking Needs:

Campus Signage:

□ Included on Event Registration

MARKETING/COMMUNICATIONS			
Development:			
Comms/ Publicity: RSVP	 Social Media Printed Invites Presentation 	 Newsletters Email Invites Video 	☐ News☐ Online☐ Other
Collateral Needs:			

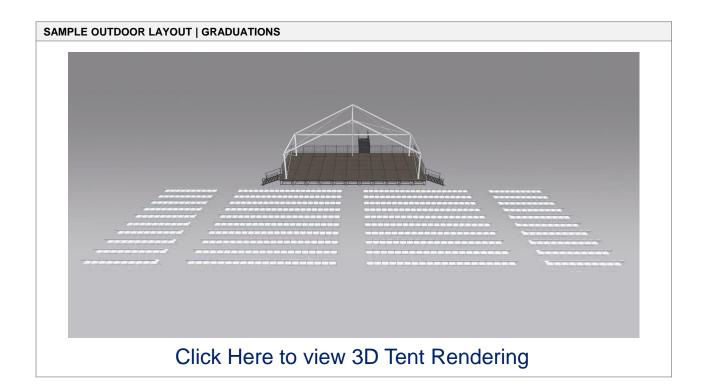
MISCELLANEOUS	
Nametags	Videographer
Place Cards	Décor
Tent Cards	□ Flowers
Invitations	Signage
Entertainment	□ Staff/Volunteers
Photographer	
 Event Tools Social Media Event Script Speaking Script 	□ Timeline □ Presentation □ Set-Up Floor Plan

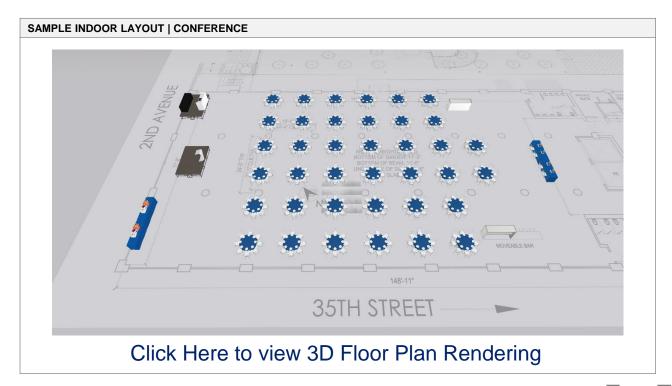
OTHER NEEDS	





Custom Layouts for Outdoor/Indoor Events









EVENT I	NFORMAT	ΓΙΟΝ		
Event Na	me:			
Event Da	te/Time:			
Department/Oversight:				
Cost Cen	ter:		Budget:	
Target:	□ Staff	□ Faculty	□ Students	□ Off Campus
Expected Participation				

GENERAL REQUIREMENT		
Calendar Posted: Internal	Public	
Event Registration:	Special Event Risk Ass:	
Space Requirement:	Reservation Request Sub:	

ROOM RESERVATION
Location(s):
Dates/Times Requested:
Request Submitted:
Confirmation Received:

MESSAGE/EVENT CONTENT
Purpose:
Guest Speakers:
Presentation/PowerPoint:
Scripted: No Yes – Script Writer

TECHNICAL PRODUCTION			
Delivery Type:			
□ Live □ Pre-Recorded □ Interactive □ Hybrid			
Streaming Platform:			
□ Teams □ Facebook □ Yo	ouTube D Other		
Production Support:			
Media Services Comms ⁻	Teams		
AV/Video:			
□ Video Record □ Video Editing □ Tech Support			
Additional Equipment:			
□ Computer □ Headsets □ Video Camera □ Lighting	s □ Mic □ Backdrop		
Set-Up Date/Time:	Sound Check Date/Time:		
Breakdown Date/Time:			
Request Submitted:	Confirmation Received:		

MARKETING/COMMUNICATIONS

Communications	/ Publicity:
Email Invites	Printed Invites
Social Media	New Center
Other	
<u> </u>	

□ Online RSVP □ Media Relations

Collateral Needs:

MISCELLANEOUS
Agenda
Timeline
□ Staff/Volunteers
Other Vendors

OTHER NEEDS	

