

**St. John's University
Office of University Events**

Event Planning Checklist

Overview

Event Name _____ Online Calendar (Teamup) _____
Event Date _____ Event Time _____ a.m./p.m. Is it a National Holiday? _____
Event Location _____ Mass Mass Time _____ a.m./p.m.
Event Level A B Other _____ Event Type _____
 Name badges required Assigned Seating required
Event Attire Casual Business Casual Business Black tie Other _____
Exp. Invite # _____ Exp. Attendance # _____ Exp. Comps # _____
Goal/Purpose _____
Other activities _____
Collaborating areas _____

Budget Expenses and Ticket Pricing

Amount allocated \$ _____ Expense budget account # _____
Revenue budget account # _____
Ticket Price \$ _____ pp Fair Market Value \$ _____ pp Donation Value \$ _____ pp
 Prepared proposed budget _____ Submitted for approval _____ Received approval _____
Notes _____

Invite List

Constituent Group _____

Others _____

Data Pull (If Applicable)

Requested Alumni data from Lisa Capone (cc: Mark Andrews) _____

Reply Information And Methods

Reply Name _____ Tel _____ Fax _____ E-mail _____ Reply date _____
 Phone Fax Mail in reply E-mail Online Registration

Communications Summary

Marketing Account Director: _____

<input type="checkbox"/> Save the Date Card	Drop date _____	_____
<input type="checkbox"/> Printed Invite Packet	Drop date _____	_____
<input type="checkbox"/> Letters	Drop date _____	_____
<input type="checkbox"/> On-line registration form	Drop date _____	_____
<input type="checkbox"/> E-Communications - ____ initial	Drop date _____	_____
<input type="checkbox"/> E-Communications - ____ reminder	Drop date _____	_____
<input type="checkbox"/> Today @ St. John's	Drop date _____	_____
<input type="checkbox"/> Social Networking Sites	Drop date _____	_____

Post Event Communications

- Thank you Drop date _____
- Surveys Drop date _____

Event Materials – for event day

- Program Due date _____ Rec'vd _____
- Script Due date _____ Rec'vd _____
- Posters Due date _____ Rec'vd _____
- Videos Due date _____ Rec'vd _____
- PowerPoint Slides Due date _____ Rec'vd _____
- Signage Due date _____ Rec'vd _____
- _____ Due date _____ Rec'vd _____

Program Participants

Master of Ceremonies Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information)

GBA/National Anthem Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information)

Invocation/Blessing Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information)

Other Speakers Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information)

Remarks Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information)

Honorees Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information, type of honor) Indicate the order they should receive awards.
Are they speaking? _____ If so, how long?

Presenters Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information, type of honor)

Benediction Requested _____ Rec'vd Information _____ Follow-up done _____
(Full name, year/school, contact information)

Script/Speaking Points

Prepared _____ Sent _____

Program Timeline

Draft created _____ Draft sent for approval _____ Final approved _____

Time: _____ **Length:** _____ **Role:** _____ **Name(s):** _____

IT Classroom Support - Audio Visual and Technical – Vendor or Information Technology Department

AV and Technical Equipment

- Microphone
- Podium
- TV/VCR
- Computers
- Proxima/Screen
- Other _____

Delivery times and service needs _____

Onsite technician _____

If using outside vendor: Contract/proposal received _____ Contract signed _____

Vendor _____

Contact Name _____

Tel _____ Fax _____ E-mail _____

Approx. Total Cost \$ _____

Payment Schedule

1st Deposit _____ Method _____ 2nd Deposit _____ Method _____

Final Payment _____ Method _____ Tax exempt form sent _____

If using internal IT Classroom Support:

Form completed _____ Memo sent _____ Confirmed services _____

Awards – Medals – Certificates – Other Honors

Required

Name _____ Honor _____

Name _____ Honor _____

Name _____ Honor _____

Name _____ Honor _____

If ordered: Ordered _____ Due on _____ Received on _____

Vendor _____

Contact Name _____

Tel _____ Fax _____ E-mail _____

Details _____

Delivery information _____

Approx. Total Cost \$ _____

Payment Schedule

1st Deposit _____ Method _____ 2nd Deposit _____ Method _____

Final Payment _____ Method _____ Tax exempt form sent _____

If in stock: Due from _____ on _____ Received on _____

Entertainment

Company Name _____

Address _____

City, State, Zip _____

Contact _____

Tel _____ Fax _____ E-mail _____

Delivery times and service needs _____

Cost \$ _____

Received contract _____ Signed contract _____ Tax exempt form sent _____

Onsite musician _____

Payment Schedule

1st Deposit _____ Method _____ 2nd Deposit _____ Method _____

Final Payment _____ Method _____ Tax exempt form sent _____

Church for Mass

Booked mass with Campus Ministry on _____

Celebrant/Presider _____ Homilist _____

Catering - Menu, Rentals, Labor

Meal Function

- Breakfast Brunch Break/Refreshment Luncheon Cocktail/Dessert Reception Dinner
- Other _____

Service Style

- Buffet Butler Hors d'Oeuvres Family-style Plated service (American)
- Preset Appetizer Stations Reception Other _____

Food Types

- Hors d'Oeuvres (hot/cold) Crudités Cheese Display Stations _____
- Appetizer First Course Second Course Dessert
- Menu options received _____ Menu approved _____ Final Menu Sent to Caterer _____
- Approx. food cost \$ _____ pp Food and Beverage Minimum \$ _____

Beverages

- Top-shelf Premium Bar Full Bar Beer/Wine/Soda Bar Non-alcoholic Bar
- Coffee/Tea Service Champagne Fountain Cash Bar Other _____
- Specialty bar _____ Specialty drinks _____
- Open bar cost \$ _____ pp On-consumption cost \$ _____ per drink Number of bars _____

Labor

- Number of bartenders _____ Cost per bartender \$ _____
- Number of wait staff _____ Cost per wait staff \$ _____
- Additional staff _____ Cost per additional staff \$ _____
- Approx. Labor Cost \$ _____

Guarantees

- (____ % over guarantee) Final guarantee # _____ Final guarantee due _____
- Number confirmed w/caterer _____

Rental Items, Etc.

- High-end plastic utensils/plates Paper linens China/Glassware/Silverware
- Cotton/Rented linens Tables Round Tables Rectangular
- Chairs Table numbers/stands 1- _____ Approx. Rental Cost \$ _____

- Floral arrangements

Approx. Cost \$ _____

Payment Schedule

- 1st Deposit _____ Method _____ 2nd Deposit _____ Method _____
- Final Payment _____ Method _____ Tax exempt form sent _____

Facilities Set Up

Facilities Memo

- Prepared _____ Sent _____

Floor Plans

- Prepared _____ Sent _____

Specific Event Requirements

- Coat racks _____
- Flags - US Flags - Vatican City State Flags - Other _____
- Stanchions Set up _____
- Stage Set up _____
- Table Awards Set up _____
- Table Cocktail Set up _____
- Table Seating Set up _____
- Table Registration Set up _____
- Table Other Set up _____

Other set up requirements

Florist

Company Name _____
Address _____
City, State, Zip _____
Contact _____
Tel _____ Fax _____ E-mail _____
Delivery times and service needs _____
Cost \$ _____

Received contract _____ Signed contract _____ Tax exempt form sent _____
Onsite contact _____

Payment Schedule

1st Deposit _____ Method _____ 2nd Deposit _____ Method _____
 Final Payment _____ Method _____ Tax exempt form sent _____

Gifts

Presenters, Guest Speakers or other Program Participants Required (Responsible _____)

Type of Gift _____ Qty. _____
Name _____ Name _____
Name _____ Name _____
Name _____ Name _____

If ordered: Ordered _____ Due on _____ Received on _____

Vendor _____
Contact Name _____
Tel _____ Fax _____ E-mail _____
Details _____
Delivery times and service needs _____

Cost \$ _____ Received final invoice _____

If in stock: Due from _____ on _____ Received on _____

Giveaways

Required (Responsible _____) Type of Gift _____ Qty. _____

If ordered: Ordered _____ Due on _____ Received on _____

Vendor _____
Contact Name _____
Tel _____ Fax _____ E-mail _____
Details _____
Delivery information _____

Cost \$ _____ Received final invoice _____

If in stock: Due from _____ on _____ Received on _____

Name Badges

Required **Type:** Pin Back Clip Back Peel and Stick
 In-stock Need to order Ordered on _____ Due on _____ Received on _____
Notes _____

Photography/Videographer/Writer

Required University Events Photographer Requested on _____ Confirmed on _____

Name _____
Contact Tel _____ E-mail _____
Hours / service needed _____
 Photo Shot List needed Created Date _____
Delivery information _____

Required Videographer Requested on _____ Confirmed on _____

Name _____
Contact Tel _____ E-mail _____
Hours / service needed _____

Delivery information _____
 Required Writer Requested on _____ Confirmed on _____
 Name _____
 Contact Tel _____ E-mail _____

Seating Assignments

- Required**
- | | | |
|--|--|--|
| <input type="checkbox"/> Seating – Alpha Order | <input type="checkbox"/> Sent for approval _____ | <input type="checkbox"/> Approved on _____ |
| <input type="checkbox"/> Seating – Table Order | <input type="checkbox"/> Sent for approval _____ | <input type="checkbox"/> Approved on _____ |
| <input type="checkbox"/> Seating Floor Plans | <input type="checkbox"/> Sent for approval _____ | <input type="checkbox"/> Approved on _____ |
- Take in cards required Take in cards printed
 Place cards required Place cards printed

Notes _____

Public Safety and Parking

Memo sent to Public Safety about event on _____

- Additional Public Safety needs required:
- | | | |
|---|-----------------------------|------------|
| <input type="checkbox"/> # Officers _____ | Area _____ | Time _____ |
| <input type="checkbox"/> # Vehicles _____ | Area _____ | Time _____ |
| <input type="checkbox"/> Drivers _____ | Area _____ | Time _____ |
| <input type="checkbox"/> # of Reserved spaces _____ | Reserved parking area _____ | Time _____ |

Parking passes needed _____

Entrance to campus _____

Other needs _____

Sent request _____ Received confirmation _____

Signage

Registration

- Welcome to “Event Name” – large freestanding _____
- Check In Here _____
- Business Card Raffle _____
- Return Name Badges _____
- Change in Location Signs _____
- Donor Cards _____
- Other _____

Banners

- Table Banner _____
- Wall Banner _____
- Podium Banner _____
- Pull up Banners _____
- Other _____

Stands

- Easels _____
- Frames _____
- Other _____

Staffing Assignments

- Staffing Required**
- Employees # _____ Student workers # _____
 - Per Diem Event Staff _____
- Staffing needs sent _____ Names due on _____ Received on _____

Venue/Space

Off Campus

Research required _____

Options Presented _____ Approval received _____

Venue Name _____

Address _____

City, State, Zip _____

Contact _____ Title _____

Tel _____ Fax _____ E-mail _____

Room Name _____ Room Fee _____ Capacity _____ Floor Plans

Received _____

Onsite contact _____

Host Member _____ Payment Arrangements _____

Received contract _____ Signed contract _____ Tax exempt form sent _____

Payment Schedule

1st Deposit _____ Method _____ 2nd Deposit _____ Method _____

Final Payment _____ Method _____ Tax exempt form sent _____

Cancellation Policy _____

Insurance Policy _____

Policies/Restrictions _____

Dress code _____ Name Badges permitted _____ Cell phones permitted _____

Exhibits _____ Other Retrictions _____

Parking information received _____ Directions received _____

On Campus – Office of Conference Services

For specifics see space requisition form. Request furniture and setup on request form. Additional approval needed for St. Thomas More Church, Athletic Facilities, and Law School. Attach approvals from these areas to space requisition form.

Form sent on _____ Received confirmation Banner Pass # _____

Room options _____

Contingency Plan

Rain/snow plan needed _____ Alternative location _____ Alternative date _____

Vendor:

Company Name _____

Address _____

City, State, Zip _____

Contact _____

Tel _____ Fax _____ E-mail _____

Delivery times and service needs _____

Cost \$ _____

Received contract _____ Signed contract _____ Tax exempt form sent _____

Onsite contact _____

Payment Schedule

1st Deposit _____ Method _____ 2nd Deposit _____ Method _____

Final Payment _____ Method _____ Tax exempt form sent _____

Vendor:

Company Name _____

Address _____

City, State, Zip _____

Contact _____

Tel _____ Fax _____ E-mail _____

Delivery times and service needs _____

Cost \$ _____

Received contract _____ Signed contract _____ Tax exempt form sent _____

Onsite contact _____

Payment Schedule

1st Deposit _____ Method _____ 2nd Deposit _____ Method _____

Final Payment _____ Method _____ Tax exempt form sent _____

Other Event Materials

Guest Check-In Lists

Reply Alpha List

Pay @ Door List

Item Checklist for Day Of

Created

Post Event

Post event meeting Date _____

Post Event Summary and Assessment Date _____

Final Budget Expenses Date _____

Final Attendee List Date _____

Archived event materials Date _____

Notes

