

EVENT LOGISTICS FORM

Date: _____ Coalition: _____

 What does Coalition Support need to arrange? Location Catering Instructor

Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Organization: _____

Event Information

Event Name: _____

Event Date: _____

Start Time: _____ End Time: _____

Desired Meeting Location: _____

Approx. Attendance: _____ Estimated Cost: _____

Will there be food at this event? Yes No If yes, what type: Breakfast Lunch Other

Preferred caterer – Name: _____

Catering Location: _____ Catering Phone Number: _____

Delivery/Catering Set Up Time: _____

Point of Contact for Delivery Name: _____ Point of Contact Cell Number: _____

BUDGET LINE ITEM(S): _____

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

Comments: _____
