

Club Special Event or Fundraiser Checklist

Must have completed 2 weeks prior to event

Club Name:	
Club Account #:	R25 Confirmation #:

Club Contact Person:	Name:
	E-mail:
	Cell #:

Date(s) of Event:

Time(s) of Event:	Set-up time:
	Break down time:
	Parking:

Number of Teams or Participants:

Facility (space reservation):

Equipment Needed: <i>(ex. Tables, Chairs, Media)</i>	<i>(ESR Form Required) www.smith.edu/events/esr.html</i>
---	---

Facility Set-up/Space Diagram: <i>(please draw on reverse or separate paper)</i>

Estimated Cost for Facility/Set-up/supervision:

Approved by Facility Manager: _____	_____ <i>Facility Manager Signature</i>	_____ <i>Date</i>
-------------------------------------	--	----------------------

Trainer Needed:	Yes ____	No ____
Trainer Assigned:	_____ <i>Name</i>	
	_____ <i>Contact #</i>	

Trainer Approval: _____	_____ <i>Athletic Trainer Signature</i>	_____ <i>Date</i>
-------------------------	--	----------------------

Final Event Approval: _____	_____ <i>Club Sport Supervisor Signature</i>	_____ <i>Date</i>
-----------------------------	---	----------------------