### ATTCHMENT B/ENUE WORKSHEET

ClientInformation	
Name of Client	
FIRST	LAST
Phone Number:	Email Address:

#### Outside Vendors (cont.)

# EQUIPMENT RENTAL

CompanyName:

PointPerson:

### AUDIO VISUAL

CompanyName:

PointPerson:

## EventTimeline

Time	Event	Location
AM PM		
	nagementtles Only	

Office of Event Management/se Only		
Documents		
Letter of Agreement Terms & Conditions Certificate of Insurance Minors Packet		
IPC Form Alcohol Form Work Order Other:		
Personnel		
AssignedPolice Officer(s):		
AssignedOnsite Venue Coordinator(s):		
Office of Event Management   171 Moultrie Street, Charleston, SC 29409   843- 953-4611   reservations@citadel.edu 4		