

Tentative Production Worksheet

Organization Number

Name of Event		Date of Event	
Type of Event and Description			
Location/Venue: (If in Longhouse, see Director of Longhouse for further instructions)		Number Attending	Times Set up; Begin; End; Breakdown:
Contact Person	Phone Number	Sponsoring Organization	ON-Campus Co-Sponsor?
Admission: __ Yes __ No	Students \$ __ Gen. Admin. \$ __ Tickets available at (please check all that apply) __ At the door __ Rainy Day __ Bookstore __ Other __		

Media/Technical Equipment Needs

Audio/Lighting, Equipment, Technicians, Artist needs (Stage plot and Technical Rider Info.)
 Sound support: (TESC or Private)

Projected Cost

Promotion/Publicity:

Flyers, posters, banners, online, CPJ ads, KAOS PSAs, etc.
 Do not advertise before all drafts are received & contracts are finalized with clients
 DRAFT REVIEWED: _____ Initials _____ Date

Custodial Services/Equipment Requests:

Staging, chairs, tables, trashcans, recycling, cleaning kits, etc.

Box Office:

Ticket Printing Costs
 Till Yes _____ No _____ Date for Pick Up _____

Rental Equipment:

Refreshments: (Special Revenue funds only)

Kitchen Requested: YES NO
PLEASE REMEMBER ALCOHOL IS NOT PERMITTED AT S&A EVENTS

Client Service Agreement: CSA Order form: YES NO

Please include all related expenses. * Students are not allowed to make reservations for clients.

NOTES

TOTAL _____

(Front Desk Use Only)

- Confirmed SS
 Signed by SA Dir/Asst. Dir
 Confirmed Pol. Svcs
 Typed by: _____

PLEASE CONTINUE WITH RISK ASSESSMENT REVIEW ON THE REVERSE SIDE OF FORM.

Student Activities Preliminary Risk Assessment Review:

Please complete:

1. Is this event advertised off-campus? (KAOS or CPJ is not off-campus advertising).....YES NO
2. Is this event open to non-Evergreen Community?.....YES NO
3. Is the event co-sponsored by an Off-Campus organization?.....YES NO
4. Is the expected attendance of this event over 100 persons?.....YES NO
5. Is this event outdoors?.....YES NO
6. Will there be a raffle / fundraiser at this event?.....YES NO
7. Describe the history of this type of event at Evergreen and other colleges/universities in the space below? Specifically, what steps were taken to reduce or limit potential harm to participants or damage to college resources?

Attach additional pages and documentation if needed.

8. To the best of your knowledge, and based on the above history, what steps is your group planning to take to reduce or limit potential for harm to participants or damage to college resources?

Attach additional pages and documentation if needed.

You're Done! Time to visit your advisor!

Do Not Write Below Line, for Office Use Only

CPR Form: (Please Circle)

1-Account Manager 2-Space Scheduling 3-Facilities 4-Audio/Media 5-Cashier's 6-Police Services 7-Food Services 8-Library 9-Computer Center

Advisor's Signature _____

Date: _____

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Student Activities Preliminary Risk Assessment Review:

- Event is determined to be moderate to high risk. Risk Assessment Review Team is needed.
- Event is determined to be low-risk and may proceed to CPR Process.

Signature