PROMOTER/SPONSOR CHECKLIST

Event Details

Name of Event: ____________________________________________________________

Date(s) of Event: From: ___/___/___ To: ___/___/____

Event Time: Start: _____________ Finish: _____________

Site: ________________________________________________________________

Site Address: __________________________________________________________

Promoter: ______________________________________________________________________

Event Manager:

Address: ________________________________________________________________

Contact: Phone: ______________ Fax: __________________________

After/Hours: ______________________ Cell: ______________________

E-Mail: ______________________ Pager: ______________________

Site preparation start date: ________/_______/_______ Site vacated
date: ________/_______/_______

Brief details of function (including entertainment and main attractions):

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

Sponsorship details (including any restrictions): __________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

What Legislative, Regulative, and Legal Issues Need to be Addressed?

State legislative/regulative requirements: ______________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Local legislative/regulative requirements: ______________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Permits required: (for example, liquor, pyrotechnics, fire, laser, food): ______________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Engineering approvals: __________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Insurance required: __________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

Reimbursement considerations for public agency involvement costs due to event:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Site Details

NOTE: Include details such as: Indoor/outdoor, normal use, permanent structure, temporary site, multiple sites, site boundaries, temporary structures, natural features, likely hazards including weather, historic sites, environmental issues, parking arrangements, access and egress. Include facilities, such as: Water, toilets, food preparation, waste removal. (Attach diagram or site map.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Estimated total attendance: ___________________________________________________________________________

Estimated age composition of audience:

0 – 12 years: ____________ % of total audience

12 – 18 years: ____________ % of total audience

18 – 25 years: ____________ % of total audience

25 – 40 years: ____________ % of total audience

40 – 55 years: ____________ % of total audience

55 years and above: ____________ % of total audience
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

Admission will be by:  _____ Pre-sold ticket  _____ Free  _____ Other: Please specify)

Has this event been conducted previously?  YES / NO
If yes, when?
Where?
Event Manager:
Contact phone:  Fax:
If no, please detail the changes:
What effects will the changes have?

Key Stakeholders

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Government Dep’t.(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Council(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighboring Councils:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Service:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid Service:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Service:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

Hospital/Medical Services: ____________________________  __________________

State Emergency Service: ____________________________  __________________

Security Personnel: ____________________________  __________________

Liquor Licensing: ____________________________  __________________

Local Hotel and Businesses: ____________________________  __________________

Transportation Authority: ____________________________  __________________

Neighbors: ____________________________  __________________

Other: ____________________________  __________________

Other: ____________________________  __________________

Time frame necessary for contact with stakeholders:

________________________________________________________________________

________________________________________________________________________

A full briefing of all of the above stakeholders is planned for ______________________ (date)
at __________________________ (venue).

Event Communications

During the event what form of communication systems will be available/provided/required for:

- Event management: ____________________________  __________________
- Public address (internal): ____________________________  __________________
- Public address (external): ____________________________  __________________
- Emergency services: ____________________________  __________________
- Coordination requirements: ____________________________  __________________
**PROMOTER/SPONSOR CHECKLIST (CONTINUED)**

**Event Promotion and Media Management**

Can the promotion ticketing and publicity for the event include messages that clarify the focus of the event (for example, family fun, sporting contest, musical entertainment)?

Event Web site: ____________________________________________________________

The focus of the event is: __________________________________________________

The event promotion and publicity will promote:

- Safe drinking practices: YES / NO
- Don’t drink and drive: YES / NO
- Intoxicated and underage persons will not be served alcohol: YES / NO
- Bags may be searched or restricted: YES / NO
- Glass containers permitted: YES / NO
- Water will be freely available: YES / NO
- Availability of “wet” and “dry” areas: YES / NO
- Location of facilities included on ticketing: YES / NO
- Health care advice included on ticketing: YES / NO
- Smoke-free environment: YES / NO

**Security**

Which type of security will be appropriate for the event?: ______________________

Who will be the appropriate security firm to be contracted?: ______________________

Event security would commence on ____/____/____ and conclude on ____/____/____

What will be the role of security?: ____________________________________________
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

Have relevant police departments been contacted in relation to security?  YES / NO

If yes, what will be required of the police?  ____________________________________________

When will a briefing/debriefing be held involving police, security, bar staff and licensing personnel?

________________________(Date before Event)  ______________________(Date after Event)

Will a briefing of all personnel and officials be provided regarding helping patrons with amenities and services?

Who will pay for event security costs, including overtime?

________________________________________________________________________

Signage

What signage, including those required under the local liquor laws, will need to be developed and obtained?

________________________________________________________________________

________________________________________________________________________

Will there be signage in languages other than English?  YES / NO

Transport

Does a transportation strategy need to be developed?  YES / NO

List the departments, councils and/or agencies that are likely to be involved in developing this strategy.

Name: ___________________________  Organization: ___________________________

Name: ___________________________  Organization: ___________________________

Name: ___________________________  Organization: ___________________________

Name: ___________________________  Organization: ___________________________

Name: ___________________________  Organization: ___________________________
PROMOTER/SPOONOR CHECKLIST (CONTINUED)

Access and Egress for Patrons

What provisions can be made for patrons to access, move around, and leave the event venue without excessive queuing, or crushes (for example, gate control, pathways, free space)?

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Will patrons be able to access toilets, food and bar areas, and entertainment sites without difficulty?  YES / NO

In an emergency, will patrons be able to leave the venue or move to other areas within the venue in reasonable safety?  YES / NO

Comments:

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Access for Persons with Disability

What provisions need to be made for persons with a disability to access and move around the event venue?

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Will persons with a disability be able to access toilets, food and bar areas, and entertainment sites without difficulty?  YES / NO

In an emergency, will persons with a disability be able to leave the venue without significantly impeding the movement of other patrons?  YES / NO
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Noise

What provisions can be made to minimize the level of noise at and around the event?

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

4. ______________________________________________________________________

5. ______________________________________________________________________

Management of Alcohol

Are there any standard conditions of the licensing permit?  YES / NO

If YES, what are they?

________________________________________________________________________

How will event personnel, specifically bar and security personnel, be trained and informed of the State and local statutes/ordinances and made aware of the responsibilities and penalties?

________________________________________________________________________
What types of alcohol (for example beer, wine, and liquor) and other drinks will be available at the event?

In what types of containers will alcohol and other drinks be available (for example, glass, can or plastic containers)?

What provisions will be made for the collection of drink containers during and after the event?

What will be the pricing structure for alcoholic and non-alcoholic drinks?

Is it anticipated that the pricing structure will discourage patrons from becoming unduly intoxicated?  YES / NO

Can the event publicity, ticketing, and signage inform patrons of the restrictions on alcohol including that alcohol will not be served to minors and intoxicated people?  YES / NO

Can some, if not all, bars be shut prior to the end of the entertainment?  YES / NO

If the event is “Bring Your Own Bottle” BYOB, what provisions can be made to prevent glass-related injuries, underage drinking, and excessive intoxication?

If the event is not BYOB, what provisions can be made to prevent alcohol from being brought into the venue?
PROMOTER/SPOKSOR CHECKLIST (CONTINUED)

If there are to be designated drinking areas, will they be adequate in size and number and supported by toilet facilities to cope with the expected size of the crowd? YES / NO

Will there be dry areas for families, entertainment, and food? YES / NO

Will the event provide the following facilities to encourage responsible drinking by patrons?

- Free drinking water YES / NO
- Inexpensive non-alcoholic drinks YES / NO
- Range of quality food YES / NO
- Shade or cover YES / NO
- Safe drinking information YES / NO
- Quality entertainment YES / NO
- “Wet” and “Dry” areas YES / NO

Other Drug Use

Is it possible that drugs, including marijuana and amphetamines, may be available and used at this event? YES / NO

List any drugs and related information known from previous experience:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What provisions can be made to address this drug use?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

Medical

What level of medical service is considered necessary, and for what duration?

________________________________________________________________________

________________________________________________________________________

Who can provide this service?  ____________________________________________

What will be the cost of the service?  ______________________________________

If it is not a local provider, what arrangements have been made to coordinate with the local ambulance service?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What facilities will the medical service require (including helipad)?

________________________________________________________________________

How can these be provided?  _____________________________________________

Animals

If the event involves animals, what arrangements will be necessary for their management, care, and well being?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PROMOTER/SPONSOR CHECKLIST (CONTINUED)

If the event may affect animals, what arrangements will be necessary for their management, care, and well being?

Briefing/Debriefing

A final briefing of stakeholders is planned for ________________ weeks prior to the event.

A debriefing will be conducted with all stakeholders within ____________ days of the event.