

# Edmonds Community College EVENT PLANNING WORKSHEET

this is not a substitute for submitting via 25Live or a paper reservation.

## EVENT DESCRIPTION

Event Title:	Estimated Headcount:	
Proposed Date(s) of Event:	Event Start Time:	Event End Time:
Proposed Location(s) of Event:	Location Rental Confirmation #:	<i>*Please note that there may be a fee associated to room rentals and campus use.</i>
Event Lead: Co-Lead:	Organization:	
E-mail(s):	Phone:	Address:
Description and purpose of event:		
Description of anticipated participants:		
Description of how the college campus and community benefit from this event:		

## CITY & COUNTY PERMITS

Please note that you will need to obtain different permits from the City of Lynnwood and/or Snohomish County for various event activities. The list below highlights common permits, please indicate all permits you have and/or will obtain for this event.

<input type="checkbox"/> Amplified Permit (music, speakers, etc)	Permit #: _____	Date: _____
<input type="checkbox"/> Alcohol Permit (any alcohol served)	Permit #: _____	Date: _____
<input type="checkbox"/> Other: _____	Permit #: _____	Date: _____
<input type="checkbox"/> Other: _____	Permit #: _____	Date: _____
<input type="checkbox"/> Other: _____	Permit #: _____	Date: _____

## FOOD & BEVERAGES

Do you intend to serve food? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated Cost:
<i>*If YES, please indicate how you intend to serve food:</i> <input type="checkbox"/> Received an acknowledgement of food waiver from EdCC Catering (please attach acknowledgement) <input type="checkbox"/> Food Vendor Permit #: _____ Date: _____ <input type="checkbox"/> Food Vendor List: <i>please complete the Food Vendor List attached to the end of this packet</i> <ul style="list-style-type: none"> <li>• Vendor name, contact information, and food handling permit information</li> <li>• Equipment and power needs and how you plan to address those</li> </ul>	
Do you intend to serve alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated Cost:
<i>*If YES, please indicate how you intend to serve alcohol, safety and security plan for alcohol, and how you will address intoxication or alcohol abuse at or during the event:</i>	
Alcohol permitting information: <input type="checkbox"/> Permit Name: _____ Expiration Date: _____	
<input type="checkbox"/> Liquor Licensed Personnel (to serve the alcohol at the event): <i>please indicate the organization's info</i>	

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Name: _____ # of personnel present: _____ Address: _____ _____ Phone: _____ Email: _____ _____	
Description of food and beverage services for the event:	

**EQUIPMENT & SUPPLIES**

*Please check all that apply:*

<input type="checkbox"/> Tables _____ # tables needed _____ size of tables needed	<input type="checkbox"/> Prefer to rent from college if available <input type="checkbox"/> Renting from or source:
<input type="checkbox"/> Chairs _____ # chairs needed	<input type="checkbox"/> Prefer to rent from college if available <input type="checkbox"/> Renting from or source:
<input type="checkbox"/> Stage	<input type="checkbox"/> Prefer to rent from college if available <input type="checkbox"/> Renting from or source:
<input type="checkbox"/> Generator	<input type="checkbox"/> Prefer to rent from college if available <input type="checkbox"/> Renting from or source:
<input type="checkbox"/> Audio / Visual Equipment <i>Describe of audio/visual needs:</i>	<input type="checkbox"/> Technician <input type="checkbox"/> Projector <input type="checkbox"/> Projector screen <input type="checkbox"/> Wireless login <input type="checkbox"/> Computer login <input type="checkbox"/> Other:
<input type="checkbox"/> Sound Equipment <i>Description of equipment needed and/or bringing to the event:</i>	<input type="checkbox"/> Source:
<input type="checkbox"/> Tents _____ # tents needed _____ size of tables needed	<input type="checkbox"/> Source:
<input type="checkbox"/> Propane	<input type="checkbox"/> Source:
<input type="checkbox"/> Helium	<input type="checkbox"/> Source:
<input type="checkbox"/> Other:	<input type="checkbox"/> Source:
<input type="checkbox"/> Other:	<input type="checkbox"/> Source:
<input type="checkbox"/> Other:	<input type="checkbox"/> Source:

***\*Please attach a list of any other equipment and/or supply information that will be brought onto campus for the event.***

**EVENT LAYOUT**

***Please attach a design of your event layout. Below, please describe your event layout and accessibility plan.***

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## EVENT SAFETY

Please describe the safety plan for your event (e.g. lost child policy, alcohol, etc.)

Describe the rules and policies for your event (e.g. lost child policy, intoxication policy, etc.)
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### Describe your safety plans for the event:

Have you notified the City of Lynnwood about your event? <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, have you notified Snohomish County about your event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will your group and/or the City of Lynnwood be providing security personnel? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how many personnel will be provided?
Will you need EdCC to provide security personnel? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, please note that EdCC security officers are scheduled for a minimum of five hours at an Over Time rate.</i>
Approval of event layout: _____ EdCC Safety and Security                  Date Representative	Approval of safety plan and event equipment: _____ EdCC Safety and Security                  Date Representative

## VENDORS

Are you inviting arts/crafts/other vendors? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated number of vendors:
Will these vendors be selling items for profit? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>*If vendors will be selling for profit they will need to provide their UBI (Unified Business Identifier) number or TIN (Tax Identification Number).</i>
<i>If YES, please list all vendors names, contact information, and UBI / TIN below (a complete list is not needed for initial event registration, but must be submitted no later than 10 days prior to the event).</i>	

VENDOR NAME	CONTACT INFORMATION	UBI / TIN

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**PERFORMERS**

Will there be performers at the event? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated number of performers/groups:
<i>If YES, please list all vendors names, contact information, and performance description (a complete list is not needed for initial event registration, but must be submitted no later than 10 days prior to the event).</i>	

PERFORMER NAME	CONTACT INFORMATION	PERFORMANCE DESCRIPTION

**FOOD & BEVERAGE VENDORS**

Are you inviting food vendors? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated number of food vendors:
Will these vendors be selling items for profit? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>*All food and beverage vendors are required to provide a food handling permit number.</i>
<i>If YES, please list all vendors names, contact information, and food handling permit number below (a complete list is not needed for initial event registration, but must be submitted no later than 10 days prior to the event).</i>	

FOOD VENDOR NAME	CONTACT INFORMATION	FOOD HANDLING PERMIT #