



**90-DAY LODGE EVENT REQUEST/GUIDE**

EVENT: \_\_\_\_\_

EVENT DATE(S) & TIME(S): \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Are there additional leads: .....  YES  NO

If yes, please provide name and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason/Goal for the Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOARD Presentation Date: \_\_\_\_\_

TDAC Review Approval/Rejection and Date: \_\_\_\_\_

**STRATEGIC PLAN**

Location(s) of the Event: \_\_\_\_\_

Are dates confirmed with Office Manager: .....  YES  NO

Will alcohol be involved: .....  YES  NO

Is a Special Alcohol License required: .....  YES  NO  N/A

Will food be served: .....  YES  NO

Who is preparing the food: \_\_\_\_\_

Please provide details about the Alcohol/Food Plan that will be helpful in planning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STAFFING AND SECURITY**

Will volunteers be needed: .....  YES  NO

How many volunteers and shifts per day: \_\_\_\_\_

How many security volunteers will be needed each day: \_\_\_\_\_

How many security volunteers are needed each shift: \_\_\_\_\_

Will Safe Security need to be hired: .....  YES  NO

What shifts will Safe Security be working: \_\_\_\_\_

How many per shift: \_\_\_\_\_

Does event need coordination with other entity .....  YES  NO  
*City/Parks/Viking Fest/etc.*

If yes, have they been contacted: .....  YES  NO

Would you like assistance from Volunteer Coordinator: .....  YES  NO

Additional staff/security notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional details that will be helpful in the decision-making process.  
Thank you.

APPROVED: \_\_\_\_\_  
Date

\_\_\_\_\_  
Lodge President