## PRELIMINARY EVENT CHECKLIST

## GENERAL INFORMATION GATHERING

| Event Name:         | Cortla         | nd Su                           | nu fist          |                           |
|---------------------|----------------|---------------------------------|------------------|---------------------------|
| Event Date(s)       | Any            | 5,6                             |                  |                           |
| Event Location      | Corst          | and Com                         | my Pare          | <u> </u>                  |
| Event Duration      | FRI            | 5-11 51                         | M - 11 TA        |                           |
| Date of Board appro | oval           |                                 |                  |                           |
| Point of Contact    | Dung Co        | √5v <b>~</b>                    | Phone No.        | 630 452-LVS               |
| Purpose and outcor  | ne:            |                                 |                  |                           |
| Cov                 | unly !         | Event.                          |                  |                           |
| Type of vendors an  | ticipated?     | Food BAN                        | D                |                           |
|                     |                |                                 |                  | A. Carrier and the second |
| Number of voluntee  |                | d assignments ar<br>- 50 Wheele |                  |                           |
| Public Works level  | of involvement | :? Dates/times w                | ork for the depa | rtment? 🗗 / N             |
| Police Department   |                |                                 |                  | department <i>∕</i> ⊅/ N  |
| Special needs to b  | e considered.  |                                 |                  |                           |
| •                   |                | for the                         | , N              |                           |
|                     |                |                                 |                  |                           |

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