**EVENT MANAGEMENT**

*Name of group/business/organisation responsible for the event*

**EVENT NAME**

**EVENT DESCRIPTION**

**EVENT PURPOSE/OBJECTIVES**

*
*
*

**EVENT LOCATION**

**DATE**

**EVENT TIMES**

**EVENT ENTRY FEE**

**ESTIMATED VENUE CAPACITY**

**ESTIMATED ATTENDANCE**

**TARGET AUDIENCE**

**BUMP IN DATE & TIME**

**BUMP OUT DATE TIME**

**SITE CLEAR DATE:**

*When will the site be completely clear and returned to pre-event condition*

**EVENT WARDEN**

Name:

Position:

Phone:

Email:

**SAFETY OFFICER (if applicable)**

Name:

Position:

Phone:

Email:

*Insert list of all other staff*

|  |  |  |
| --- | --- | --- |
| **Name** | **Position/Role** | **Contact Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ACCESSIBILITY PROVISIONS**

*Accessible access and provision such as toilets, site entry, parking, movement through event*

**LOST PROPERTY**

*Lost property can be collected from* ***<<insert location>>*** *until* ***<<insert time>>*** *on event day/s or from* ***<<insert contact person and contact number>>*** *post event*

**RESTRICTIONS / CONDITIONS OF ENTRY**

*Age restrictions / animals / no alcohol / no smoking*

**SITE MAP**

*Insert or attach*

**ACTIVITY/RUN SHEET**

*Insert or attach*

**RISK MANAGEMENT PLAN**

*Insert or attach*

**EMERGENCY MANAGEMENT PLAN**

*Insert or attach*

**FIRST AID PROVISIONS**

*Details of First aid provider*