



# Event Day Checklist

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Name

Event Name

Event Date:

Event Location:

## Week Before the Event

Title:	Question:		
<b>Final Confirmations:</b>	Confirm with all vendors that they are scheduled to arrive on time.		
<b>Title:</b>	<b>Name / Vendor:</b>	<b>Time:</b>	<b>Conformed</b>
Caterers:		:	<input type="checkbox"/>
Photographers:		:	<input type="checkbox"/>
Videographers:		:	<input type="checkbox"/>
Entertainment:		:	<input type="checkbox"/>
		:	<input type="checkbox"/>
<b>Setup Schedule:</b>	Ensure that the venue setup is planned and on track.		
<b>Title:</b>	<b>Name / Vendor:</b>	<b>Time:</b>	<b>Conformed</b>
Decorations:		:	<input type="checkbox"/>
Seating / Tables:		:	<input type="checkbox"/>
AV Equipment:		:	<input type="checkbox"/>
		:	<input type="checkbox"/>
<b>Staff Briefing:</b>	Bried your team or volunteers on their roles and responsibilities.		
<b>Title:</b>	<b>Name / Vendor:</b>	<b>Roles / Responsibilities:</b>	<b>Completed:</b>
Venue:			<input type="checkbox"/>
Caterers:			<input type="checkbox"/>
Photographers:			<input type="checkbox"/>
Videographers:			<input type="checkbox"/>
Entertainment:			<input type="checkbox"/>
AV Equipment:			<input type="checkbox"/>
Mommy:			<input type="checkbox"/>
Daddy:			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

<b>Emergency Contracts:</b>	List of emergency contacts:	
<b>Title:</b>	<b>Name:</b>	<b>Phone Number:</b>
Venue:		
Photographers:		
Videographers:		
Caterers:		
Entertainment:		
Mommy:		
Daddy:		
Grandparent:		
Grandparent:		
Grandparent:		
Grandparent:		
God-Parent:		
God-Parent:		
Name / Title:		
Name / Title:		
Name / Title:		
Name / Title:		

<b><u>Day of Event</u></b>			
<b>Early Arrival:</b>	Arrive early to oversee the setup process and address any last-minute issues.	Arrival Time:	
<b>Issue / Problem:</b>		<b>Fixed</b>	<b>Non-Fixable:</b>
Issue:		<input type="checkbox"/>	<input type="checkbox"/>
Issue:		<input type="checkbox"/>	<input type="checkbox"/>
Issue:		<input type="checkbox"/>	<input type="checkbox"/>
<b>Setup Inspection:</b>	Check the venue setup process and address any last-minute issues,		
Issue / Problem:		<input type="checkbox"/>	<input type="checkbox"/>
Issue / Problem:		<input type="checkbox"/>	<input type="checkbox"/>
Issue / Problem:		<input type="checkbox"/>	<input type="checkbox"/>
<b>Vendor Check-In:</b>	Ensure that all vendors have arrived and have what they need to perform their duties.		
<b>Title:</b>	<b>Name:</b>	<b>Arrived?</b>	<b>Time</b>
Photographers:		<input type="checkbox"/>	:
Videographers:		<input type="checkbox"/>	:

Caterers:		<input type="checkbox"/>	:
Entertainment:		<input type="checkbox"/>	:
Mommy:		<input type="checkbox"/>	:
Daddy:		<input type="checkbox"/>	:
Grandparent:		<input type="checkbox"/>	:
Grandparent:		<input type="checkbox"/>	:
Grandparent:		<input type="checkbox"/>	:
Grandparent:		<input type="checkbox"/>	:
God-Parent:		<input type="checkbox"/>	:
God-Parent:		<input type="checkbox"/>	:
Name / Title:		<input type="checkbox"/>	:
Name / Title:		<input type="checkbox"/>	:
Name / Title:		<input type="checkbox"/>	:
Name / Title:		<input type="checkbox"/>	:

### **1 Hour Before Event:**

<b>Title:</b>	<b>Description:</b>	<b>Completed:</b>
<b>Registration Desk:</b>	Set up and staff the registration or check-in desk, if applicable	<input type="checkbox"/>
<b>Coordination:</b>	Coordinate with different vendors & staff-ensure smooth transactions between event segments.	<input type="checkbox"/>
<b>Catering Setup</b>	Catering is set up as planned; beverages are being served according to schedule	<input type="checkbox"/>
<b>Equipment Check:</b>	Test all audio/visual equipment to ensure everything is working correctly.	<input type="checkbox"/>
<b>Technical Support:</b>	Have a tech support person available in case of any equipment issues	<input type="checkbox"/>
<b>First Aid:</b>	Ensure that first aid supplies are available and that staff know where to find them	<input type="checkbox"/>
<b>Safety Procedures:</b>	Review safety procedures with staff, including evacuation plans and emergency contacts	<input type="checkbox"/>

### **Time of Event:**

<b>Title:</b>	<b>Description:</b>	<b>Completed:</b>
<b>Guest Assistance</b>	Provide assistance for guests, including directions, information, or accommodations:	<input type="checkbox"/>
<b>Welcome Kits/Information:</b>	Distribute any welcome kits or materials to guests	<input type="checkbox"/>
<b>Timeline Adherence:</b>	Ensure that the event follows the planned timeline, including key activities. (Speeches, meals...)	<input type="checkbox"/>
<b>Dietary Restrictions:</b>	Ensure that special dietary needs are accommodated.	<input type="checkbox"/>
<b>Time Management:</b>	Keep track of time and manage any delays or adjustments needed to the schedule.	<input type="checkbox"/>
<b>Guest Comfort:</b>	Monitor the comfort and satisfaction of your guests, addressing any concerns.	<input type="checkbox"/>

### **After Event:**

<b>Title:</b>	<b>Description:</b>	<b>Completed:</b>
<b>Thank you Notes:</b>	Ensure that thank-you notes or gifts are sent to guests, the success of the event, and identify areas for improvement.	<input type="checkbox"/>
<b>Feedback and Collection:</b>	Gather feedback from guests and staff to assess the event's success and identify improvement areas.	<input type="checkbox"/>
<b>Cleanup:</b>	Oversee the cleanup process to ensure that the venue is left in good condition and that all rented items are returned.	<input type="checkbox"/>
<b>Final Payments:</b>	Ensure that all final payments to vendors and staff are completed.	<input type="checkbox"/>

<b>Lost &amp; Found:</b>	Manage any lost and found items.		
<b>Item Lost:</b>	<b>Name of Owner</b>	<b>Address / Phone</b>	<b>Returned:</b>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>