Local Facilities Check Sheet

Facility Name:

Reserved in Whose Name:

Facility Contact Person:

Facility Contact E-mail: Phone: Fax:

Facility Address:

Facility Ship or Deliver Address:

Facility Location (what is it near?):

1. The Facility has: (check all that apply)

* Restroom Facilities
* ADA Accessibility
* On-site Parking
* Fire/Safety Equipment
* Air Conditioning/Heating
* Kitchen/Food Preparation Area
* Access to Public Phone
* Security
* Janitorial Services
* Trash Containers
* Indoor Area Only
* Outdoor Area Only
* Both Indoor and Outdoor Areas
* Insurance Carried by the Facility
* AV System
* Satellite/Internet Access
* Tables and Chairs
* Skirting/Tablecloths, etc.
* Water Fountains
* Sufficient Power

**2.** What general facilities/equipment needs to be added to the site (check all that apply)

* Restroom Facility
* AV Equipment
* Extension cords, etc.
* Furniture:
* Tables
* Chairs
* Janitorial Service
* Safety Equipment
* Phone
* Tents
* Power-generating Equipment
* Portable Heaters
* Refrigeration/Food Service Equipment
* Drinking Water
* Trash Containers
* Display Booth
* Drapes
* Skirting