

THE ROOFTOP

EVENT ORDER

Must be completed by client, wedding coordinator or other **30 days prior to event**. Completed document will be reviewed by Venue Management and changes will need to be provided as needed.

Rooftop Events, LLC charges a management fee for this service.

This Portion Will Be Completed by Venue Management

CLIENT ID: _____
Client Name/Point of Contact: _____
Client Cell Phone: _____

ONSITE STAFF:

Site Supervisor Arrival Time: _____
Site Supervisors Name/Contact: _____
Contact Number: _____

Equipment Set Up Staff Arrival Time: _____
Equipment Staff Contact: _____
Contact Number: _____

Security Arrival Time: _____
Security Name(s)/Contact: _____
Contact Number: _____

EVENT DETAILS

Set Up Start Time: _____ Event Start: _____
Break Down End Time: _____ Event End: _____

Type of Event: _____

Number of Guests: _____

Event Date: _____

Event Theme: _____

Event Space(s): Rooftop VisArts Room Gallery Children's Discovery
Description of Event Space Use:

VENDOR INFORMATION

Additional Event Staff

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Equipment

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Décor:

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Catering

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Floral

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Plant Rentals

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Entertainment

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Lighting/Sound:

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Beverage Supplier

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Cake Supplier

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Photographer

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Valet Company/Car Service

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Other(s)

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

Vendor Name/Contact: _____
Contact Number: _____
Arrival Time: _____

This Portion Will Be Completed by Venue Management

BASIC EVENT SCHEDULE

TIME	TASK	CONTACT

*** Client, Wedding Coordinator or Other Must Provide Venue Management with a detailed Minute by Minute Schedule or Run Of Show at the 30 days prior to event walk-through, which will allow us to complete this Basic Event Schedule. Changes will be made as necessary. Client, Wedding Coordinator or Other Must Provide Venue Management with a final Minute by Minute or Run of Show 1 week prior to event.

Your Minute by Minute or Run Show should include all ceremonial pieces for your event (ie. Garter/bouquet toss, vendor arrival times, father-daughter dance, etc). Generally your wedding/event planner will work with you for this schedule however, Rooftop Events, LLC will assist you for a fee.

OTHER NOTES PERTAINING TO SCHEDULE

ROOMING PLAN

Client, Wedding Coordinator or Other must supply CAD Drawing/Floor Plan with this document. Changes can be made as needed.

ATTACHMENTS

All Vendor Contracts/Orders Must Be Supplied For Review by Site Supervisor.