Salisbury University Sport Club Program

SPORT CLUB EVENT ITINERARY

Club ________________________________  Date ________________________________

Name of person coordinating event ________________________________

Phone ________________________________  Email ________________________________

Date, time, and title of event ________________________________

What time should facility staff arrive to open? ________________________________

What time will club members arrive to set up? ________________________________

What time is the first competition scheduled? ________________________________

Who will handle registration? ________________________________

What time(s) will registration take place? ________________________________

Will money be collected? ________________________________

Will there be spectators at this event? _______  If yes, approximately how many? _______

What facilities will need to be accessed? ________________________________

Will a lunch break be taken? _______  If so, at approximately what time? ______________

Is there a time limit for the event/competitions? ________________________________

Approximately how many competitions are planned? ________________________________

What is the anticipated time that the event will be over? __ - ________________________________

How long will club members be cleaning up after event? ________________________________

The facility staff should be able to leave at approximately what time? ________________________________

Additional comments/concerns ________________________________