

# Event Checklist

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Please complete and return no later than 14 days prior to your event.

<i>Basic Info</i>	Date and Time of function: _____ Guest Count: _____ Client Name & Company Name: _____ Client's contact at Tribeca: _____ Party Planner (if applicable): _____
<i>Arrival Time</i>	_____ <i>am/pm</i> FLORAL DESIGNER ARRIVAL _____ <i>am/pm</i> BAND/D.J. ARRIVAL NAME: _____ PHONE #: _____ _____ <i>am/pm</i> PHOTOGRAPHER ARRIVAL NAME: _____ PHONE #: _____ _____ <i>am/pm</i> AUDIO/VIDEO ARRIVAL NAME: _____ PHONE #: _____ ** Please note: Vendor Insurance Certificates must be provided**
<i>Hospitality</i>	_____ <i>am/pm</i> GUEST ARRIVAL - invitation time Beverage: <input type="radio"/> Sparkling Water <input type="radio"/> White Wine <input type="radio"/> None Style: <input type="radio"/> Passed <input type="radio"/> Stationary Location: _____
<i>Event</i>	_____ <i>am/pm</i> SPEECHES Location: _____ Timing: _____ _____ <i>am/pm</i> PRESENTATION START Location: _____ Timing: _____ AV Equipment? <input type="radio"/> Yes <input type="radio"/> No Location: _____ Musicians: <input type="radio"/> Yes <input type="radio"/> No If yes, location: _____ Internet Access: <input type="radio"/> Yes <input type="radio"/> No **Apogee Events does not supply a sound system/microphone or any AV equipment on site** Set Up Requirements: _____ _____ _____ _____ _____
<i>Cocktail</i>	_____ <i>am/pm</i> COCKTAIL HOUR START Special request liquors/beers <input type="radio"/> Yes <input type="radio"/> No If yes, what kind? _____ Is smoking permitted? <input type="radio"/> Yes <input type="radio"/> No If yes, please indicate location: _____ Would you like us to supply 3 votive candles for each cocktail table? Receiving table for place cards? Location: _____ Size: _____

Cocktail

Use of couches:  Yes  No  
 Location:  Cocktail area  By river bar  
 Use of ottomans:  Yes  No

How many cocktail tables: \_\_\_\_\_  
 Color of linens for cocktail tables:  Grey Underlays  Grey Overlays  
 White Underlays  White Overlays

\*\*Please note: Seating cards must be alphabetized\*\*  
 \*\*Please note: Final Guest List with table # assignments must be submitted with Floor Plan\*\*

special instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sit-Down  
Dinner/Buffer

\_\_\_\_\_ am/pm SIT-DOWN DINNER/BUFFET START - BALLROOM

Is smoking permitted?  Yes  No  
 If yes, please indicate location: \_\_\_\_\_

Gift bags to be placed: \_\_\_\_\_

special dietary request:  
 \_\_\_\_\_ Kosher Meal(s) guest name/table \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Children's Meal(s) guest name/table \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Vegetarian Meal(s) guest name/table \_\_\_\_\_  
 \_\_\_\_\_

other dietary restrictions that we might be able to accomodate (please explain): \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ - total number of meals we will be supplying for band at 1/2 the per guest price.

We provide one (1) votive candle per guests on each dining room table.  Yes  No  
 Will you be using our in-house:  Tables  Seat Cushioins  Chairs

Will you be using our house linens?  Yes  No  
 White tuxedo underlays  White overlays  White tuxedo napkins  White seat cushions  
 Grey seat cushions  Grey underlays  Grey overlays  Grey napkins

If not, who is supplier? \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Delivery scheduled for: \_\_\_\_\_

Dinnerware:  
 (for CATERER to fill out)  
 Will you be using our dinnerware?  Yes  No  
 If yes, please choose:  Silverware  China  Glassware

TIME LINE:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

