

VENUE SAMPLING CHECKLIST

DATE

CONTACT (NAME AND PHONE)

| VENUE | | |
|---|--|--|
| ADDRESS | | |
| COST | | |
| ANY ADDITIONAL FEES? | | |
| | | |
| | | |
| | | |
| CAPACITY | | |
| SQARE FOOTAGE | | |
| DECOR OPTIONS | | |
| ATMOSPHERE RATING (1-10) | | |
| TABLES/ LINENS INCLUDED? SETUP? (Y/N) | | |

| FOOD AND CATERING | | | |
|---------------------|-------|--|--|
| | | | |
| | | | |
| LIQUOR/ ALCOHOL | | | |
| | | | |
| | | | |
| ENTERTAINMENT OP | ΓIONS | | |
| BAND/ DJ? SOUND? | | | |
| DANCE FLOOR? | | | |
| | | | |
| | | | |
| DARWING | | | |
| PARKING | | | |
| | | | |
| ACCESSIBILITY | | | |
| AVAILABILITY | | | |



| OTHER NOTES | | |
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