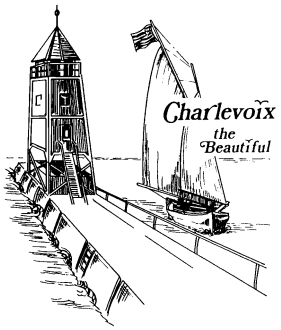

City of Charlevoix
210 State Street, Charlevoix, Michigan 49720
231-547-3270
mgr@cityofcharlevoix.org

Event Planning Worksheet/Schedule

Name of Event:_____

Event Contact Person (Available the day of the event): _____
Phone Number: _____

Date(s):_____

Time(s):_____

Location(s)_____

Attach a sketch showing the area you wish to hold the event (i.e., location, size of area, etc.)

List of items/support needed: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date of Event Coordination Meeting:_____