

DATE:

EVENT:



WED

SCHEDULE & TIMES:

THURS

SCHEDULE & TIMES:

FRI

SCHEDULE & TIMES:

SAT

SCHEDULE & TIMES:

SUN

SCHEDULE & TIMES:

**VENDORS
(LIST PHONE #'S)**

CATERER:

BAR:

RENTALS:

DECOR/FLORAL:

PHOTO/VIDEO:

RBA ROOMS
RENTED:

CHECK-LIST



☐ Signed Contract

☐ 50% Down Payment (Due by _____)
Remit Payment to: City of Marshall 344 W. Main Street
Marshall, MN 56258 (507) 537-6767

☐ Certificate of Insurance (Due by _____)
Liability Insurance for up to 500,000 with Certificate Holder listed
as City of Marshall 344 W. Main Street Marshall, MN 56258

☐ Final Payment (Due by _____)
Remit Payment to: City of Marshall 344 W. Main Street
Marshall, MN 56258 (507) 537-6767

☐ Catering License (If having food)

☐ Liquor License (Needed if charging for alcohol
or over 500 attendees)

☐ Event Time-line