

RENTAL WORKSHEET

Vendor Information	
Name of Company	
Contact Person	
Phone Number	
Alternate Contact	
Alternate Phone Number	
“Day of” Phone Number	
Cell Phone Number	
Fax Number	
Email Address	

Things to Ask	
Cancellation Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deposit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Deposit Due Date	_____ / _____ / _____
Insurance Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Set-Up Time	From _____ To _____
Event Time	From _____ To _____
Strike Time	From _____ To _____

Checklist	Completed	Date
Outline Initial Rental Needs	<input type="checkbox"/>	____ / ____ / ____
Schedule Site Walk-Through	<input type="checkbox"/>	____ / ____ / ____
Discuss Initial Set-Up w/ Vendor	<input type="checkbox"/>	____ / ____ / ____
Obtain Estimate	<input type="checkbox"/>	____ / ____ / ____
Obtain Schematic Outlining Setup	<input type="checkbox"/>	____ / ____ / ____
Ensure Vendor has Adequate Insurance	<input type="checkbox"/>	____ / ____ / ____
Coordinate Financial Planning with your Treasurer/HAO	<input type="checkbox"/>	____ / ____ / ____

Confirm Order	<input type="checkbox"/>	____/____/____
Deposit Paid	\$ _____	____/____/____
Ensure Fire Marshall has Approved Set-Up/Tent Permits	<input type="checkbox"/>	____/____/____
Finalize Set-Up with Vendor	<input type="checkbox"/>	____/____/____
Final Site Walk-through	<input type="checkbox"/>	____/____/____
Grand Total	\$ _____	____/____/____
Balance Paid	\$ _____	____/____/____