

> Request for Proposal

Gwinnett Sports Commission

EVENT CHECK SHEET

Team or Event Name: _____

Date of Event: _____

Sport: _____

Contact Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

FACILITY COMPARISON CHART

Facility	Locker Rooms	Lights	Parking	Seating	Notes

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HOTEL REFERENCE CHART

Name	Address	Contact	Phone	Distance to Venue	Rate	Rebate

MEDICAL NEEDS

Athletic Trainers: _____ How many: _____ Time: _____ Date: _____
 Pay rate and paid by whom: _____

Ambulance: _____ How many: _____ Time: _____ Date: _____
 Pay Rate and paid by whom: _____

Doctor(s): _____ How many: _____ Specialty: _____ Time: _____ Date: _____
 Pay Rate and paid by whom: _____

Other Medical Needs: _____

Security Needs

Total Number of Security Guards Needed: _____
 Total Number of Days Needed: _____ Date(s): _____ Time: _____
 Total Number of Shifts Per Day: _____
 Job Name: (list for each shift) _____

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Job Description: (list for each shift) _____

Special Security Needs: _____

SUPPORT NEEDS

Product	Source	Total Amount Needed	Date(s)	Notes
Water/Sports Drink				
Coolers				
Ice				
Referees				
Radios/Communications				
Telephones				
Computers				
Fax/Copy Machine				
Internet Access				
Awards				
Merchandise				
Printing				
Volunteers				

Special needs or requests: _____

For further information please contact:

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