Oklahoma Christian University
Eagle Exit Checklist

(please fax a copy of this form to 405.425.5113 as soon as you have filled it out)

EVENT INFORMATION
Date: ____________________________________
Time: ____________________________________
Place: ____________________________________
Address: __________________________________
City: ____________________________________
Capacity of venue: _________________________

EVENT TYPE
Light refreshments or snacks
Sandwich or salad supper
Potluck dessert buffet
Cook-out
Dutch treat - meet at a local restaurant (Be sure to cover costs for student honorees)
Other_______________________________

KEY COORDINATOR
Name: __________________________________
Phone: __________________________________
Email: __________________________________

RSVP CONTACT
Name: __________________________________
Phone: __________________________________
Email: __________________________________
Deadline: ________________________________

OTHER VOLUNTEERS
Food  ___________________________________
Decorations  _____________________________
Greeter  __________________________________
Registration table  ________________________
Devo coordinator  ________________________
Blessing coordinator  ______________________
Photographer  ____________________________