

Day-Of Logistics Sheet (Form B)

COMMISSION ON DISABILITIES Event Logistics & Coordination Sheet *(To be distributed to attendees 1 week prior to event)*

Event Name: _____ **Date:** _____

CRITICAL ACCESS INFO (The "Getting In" Plan)

1. **Is this event open to the public?** ☐ Yes ☐ No
2. **Is a Ticket/Pass Required?** ☐ Yes ☐ No
3. **If a Ticket/Pass is needed, where is it?**

☐ Digital Ticket (Emailed to: _____)

☐ Physical Badge (Held by: _____)

☐ Will Call Window (Under name: _____)

4. **Meeting Point:** (e.g., "North Gate," "Lobby Info Desk") _____

5. **Arrival Time:** _____

6. **Parking Instructions** (Lot location / Cost / Code): _____

- **Accessibility Map:** (Do we have a map of accessible restrooms/parking for the venue?)

☐ Yes ☐ No

ON-SITE COORDINATION

Lead Commissioner: _____ **Cell Phone #:** _____

Commissioners attending: _____

Event Host/Staff Contact: _____

MATERIALS NEEDED: (Please check "Yes" only if the item must be brought to the event.)

☐ Yes ☐ No **Table:** (Who is bringing it?) _____

☐ Yes ☐ No **Chairs:** # ____ (Who is bringing them?) _____

☐ Yes ☐ No **Tablecloth:** (Who is bringing it?) _____

☐ Yes ☐ No **Brochures:** (Who is bringing them?) _____

☐ Yes ☐ No **Other: (Misc.)** _____
