



DPBC TASTING + EVENT FORM

Event Name :	<input type="text"/>
Event Date:	<input type="text"/>
Event Set Up Time:	<input type="text"/>
Event Duration:	<input type="text"/>
DP Staff Attending:	<input type="text"/>
Event Contact(Name, Phone):	<input type="text"/>
Expected # of Attendees:	<input type="text"/>
Type of Event	
Tasting:	<input type="checkbox"/>
Pint Night:	<input type="checkbox"/>
Beer Fest :	<input type="checkbox"/>
Other :	<input type="checkbox"/>

SUPPLIES NEEDED

Beer Style	Pkg	Qty
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Table:	<input type="checkbox"/>	Beer buckets:	<input type="checkbox"/>
Table Cloth:	<input type="checkbox"/>	Tent/Weights:	<input type="checkbox"/>
Signage:	<input type="checkbox"/>	Ice:	<input type="checkbox"/>
Jockey box:	<input type="checkbox"/>	(jockey box supplies include co2, purge bucket, water keg, ice, toolkit)	
Cups:	<input type="checkbox"/>		

Additional Supplies:
(Stickers, Koozies, Hats, Dog toy)

Event Instructions:
(include additional notes here)

POST EVENT NOTES

Estimated attendees:	<input type="text"/>
Was there a favorite style of beer offered?	<input type="text"/>
Did you have enough product?	
Were you adequately staffed for the event/tasting?	
Should we continue to participate in this event?	
Any critiques?	

REMINDER: RETURN SUPPLIES TO THE BREWERY IN THEIR DESIGNATED AREAS
RETURN EQUIPMENT BY: _____