



DPBC TASTING + EVENT FORM

Event Name :

Event Date:

Event Set Up Time:

Event Duration:

DP Staff Attending:

Event Contact(Name, Phone):

Expected # of Attendees:

Type of Event

Tasting: ☐

Pint Night: ☐

Beer Fest : ☐

Other : ☐

SUPPLIES NEEDED

Beer Style	Pkg	Qty	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:

Was there a favorite style of beer offered?

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: _____