

# TENT SITE VISIT



Customer \_\_\_\_\_ S.C. Date \_\_\_\_\_ Salesperson \_\_\_\_\_  
 Contract \_\_\_\_\_ D.O.E. \_\_\_\_\_ Contract # \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Site Inspector \_\_\_\_\_ Time \_\_\_\_\_  
 Work Phone \_\_\_\_\_

## TENT SPECIFICATIONS

**Job Description** \_\_\_\_\_

<p><b>Style</b></p> <p><input type="checkbox"/> Frame _____</p> <p><input type="checkbox"/> Pole _____</p> <p><input type="checkbox"/> Clear Span _____</p> <p>Install _____</p> <p><b>Color</b></p> <p><input type="checkbox"/> Solid White</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Gutters</p> <p><b>Sidewalls</b></p> <p><input type="checkbox"/> None</p> <p><b>Material</b></p> <p><input type="checkbox"/> Solid</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Window</p> <p><input type="checkbox"/> Mesh</p> <p><b>Liner</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Gathered</p>	<p><b>Size</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Height</b></p> <p>7' _____</p> <p>8' _____</p> <p>10' _____</p> <p>12' _____</p> <p>Custom _____</p> <p><b>Blocks</b> _____ (350, 700)</p>	<p><b>Lights</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> String</p> <p><input type="checkbox"/> Globe</p> <p><input type="checkbox"/> Market</p> <p><input type="checkbox"/> Chandelier</p> <p><input type="checkbox"/> Other _____</p> <p><b>Heaters</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Patio</p> <p><input type="checkbox"/> 170k</p> <p><input type="checkbox"/> 175k</p> <p><input type="checkbox"/> Other _____</p> <p><b>Coolant</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Pole Fan</p> <p><input type="checkbox"/> Pedestal Fan</p> <p><input type="checkbox"/> Porta-Cool</p> <p><input type="checkbox"/> A/C</p> <p><b>Pole Covers</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, qty. _____ (Drape?)</p>	<p><b>Flooring</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Porta Floor</p> <p><input type="checkbox"/> Vinyl</p> <p><input type="checkbox"/> Carpet</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Level <input type="checkbox"/> Contour</p> <p><b>Staging</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Size</p> <p>Length _____</p> <p>Width _____</p> <p>Height _____</p> <p>2. Skirting</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Color _____</p> <p>4. Sides covered: 1 2 3 4</p> <p>5. Steps</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Location</p> <p>_____</p> <p>_____</p>
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## SITE SPECIFICATIONS

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Can we drive to the site?</b> Approximate distance from truck to site: _____                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Can the set-up crew drive on the grass if it is not wet or raining?</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Are there steps?</b> Quantity _____ Location: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Are there elevators?</b><br>Length _____ Width _____ Height _____<br>Location: _____                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Who is the site contact that will be present at the installation?</b><br>Building Engineer: _____ Contact #: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Is the ground level at the site?</b> If no, approximate fall: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Is the site within specs for the tent setup?</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Is the site within specs for the dance floor and table setup?</b>  |

### UTILITIES

- |                    |   |                                       |                                   |                                |
|--------------------|---|---------------------------------------|-----------------------------------|--------------------------------|
| <b>Overhead</b>    | <input type="checkbox"/> Power  | <input type="checkbox"/> Phone        | <input type="checkbox"/> Cable    |                                |
|                    | <input type="checkbox"/> Trees, specify what needs to be done to them _____ |                                       |                                   |                                |
|                    | <input type="checkbox"/> Other: _____                                       |                                       |                                   |                                |
| <b>Underground</b> | <input type="checkbox"/> Water  | <input type="checkbox"/> Gas          | <input type="checkbox"/> Electric | <input type="checkbox"/> Sewer |
|                    | <input type="checkbox"/> Sprinkler System                                   | <input type="checkbox"/> Other: _____ |                                   |                                |

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Do the utilities need to be marked?</b> Are they: <input type="checkbox"/> Public <input type="checkbox"/> Private |

Notes