



The CLUB at RIVERSTONE

PRE/POST INSPECTION CHECKLIST

Must be completed by the Applicant and event team representative

Applicant Name: _____ Telephone: _____

Event Team Representative: _____

Pre-Rental Walkthrough: Date: _____ Time: _____

Post-Rental Walkthrough: Date: _____ Time: _____

Item	Pre Rental Condition			Post Rental Condition			Comments:
	Excellent	Good	Bad	Excellent	Good	Bad	
Coffee & Side Tables							
Light Fixtures							
Walls							
Doors							
Windows							
Fire Extinguisher							
Speakers							
Electronics - TV's, Phones, etc.							
Restrooms - Walls, Floors, Stalls							
Banquet Tables (if applicable)							
Banquet Chairs (if applicable)							
Microwaves (if applicable)							
Ice Maker (if applicable)							
Sink (if applicable)							
Refrigerator (if applicable)							
Countertops (if applicable)							
Cabinets (if applicable)							
Floating Walls (if applicable)							
Thermostats							
Other Equipment:							

Additional Comments: _____

Pre Rental Signatures: _____
Applicant

Event Team Staff

Post Rental Signatures: _____
Applicant

Event Team Staff