Charity Fundraiser Security Needs Assessment Form

| Organization Name |
|----------------------------|
| |
| Contact Person |
| |
| Contact Email |
| |
| Contact Dhave |
| Contact Phone |
| |
| Event Name |
| LVEHUNAME |
| |
| Event Date |
| |
| Event Time |
| |
| Event Location |
| |
| Expected Attendance |
| |
| |
| Type of Venue |
| |
| Indoors or Outdoors |
| <u> </u> |
| Number of Access Points |
| |
| |
| Security Concerns or Risks |
| |
| |

Special Guests or VIPs

| Money Handling/Cash Collection Plans | | |
|---|--|--|
| | | |
| | | |
| Any Previous Security Incidents | | |
| | | |
| Additional Security Requirements or Notes | | |
| | | |
| | | |