Nightclub Event Security Needs Assessment

Event Name	
Event Date	
Event Time	
Venue Address	
Venue Address	
Expected Number of Attendees	
Expected Number of Attendees	
Age Group	
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Event Type	
Special Guests/Performers	
Consumity. No and a /Consumer	
Security Needs/Concerns	
Will alcohol be served?	
	~
Number of Entry Points	

Contact Person Name		
Contact Phone		
GOTILLOTT FIGHT		
Additional Notes		