EVENT Planning Form (complete and return for pricing)

Contact Info	rmat	ion								
Name										
Organization	l									
Address										
City, State, Z	Zip				1					
Phone #1		Phone #2								
Email										
How did you	hear	about u	s?							
Event Inforn	natio	n								
Event Type										
Date of Ever	Expected Guests									
Start Time:	End Time: Total Hrs =									
Kitchen Y	N	Required if serving food (bring in, catering, or heat & serve)								
Discount Y	N									
Bar/Beverag	es									
		es No	(5ì	nr Bar incl	uded wit	h Fri/Sat	Rentals –	drinks ar	e not inclu	ıded)
Bar Start Time:				Bar Stop Time: Totals Hrs =						<u> </u>
Soda Packag		repaid P				<u> </u>				
select: RC					te (Ginger A	Ale	Cranb	erry	
Coffee Service					Regular Half Pot Full Pot					
(Includes cups/creamer/sugar)					Decaf Half Pot Ful			1 Pot		
Seating										
				TY	Rour	Round Banquet Tables				
(seats up to 8) no charge			· ·			(Seats up to 8) extra cost				16)
			Y	N		Plastic Table Coverings			Y	N
					•			<u> </u>		
Audio Visua l Video Projec			101	is (chec	K OII)	Screen	only			
Microphones (1 or 2)						Jukebox (Bar / Hall)				
Banner Stand (8'x10')						Podium w/ Mic				
Dailler Start	. (0 .					1 outur	11 11/11/11			
List any Sp	ecia	l Reque	ests	:						