



RESERVATION FORM

Contact's Name:	Organization/Company:	Today's Date:
Address:	City/State:	Zip:
Phone () Fax: ()	E-mail:	
Second Contact's Name		
	E-mail:	
Phone () Fax: () /		

Event Date(s):	Rental Time(s): From: / To:	Room(s) Requested:
Describe Activity:	Max. Attendance/	Deposit Received:
		Balance Due:
Check Box if Applicable: <input type="checkbox"/> Requesting a DJ <input type="checkbox"/> Bringing a DJ <input type="checkbox"/> Extended Hours <input type="checkbox"/> Other	Catering Food <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Required: (Please indicate how many of each) ____ Chairs ____ Round Tables ____ 8' Long Table ____ Boards
WE OFFER DJ & BALLONS JUMPERS & PARTY REFERRALS. WE CHARGE \$ 20.00 HR. PER STAFF! FOR EXTENDED EVENTS AFTER 5PM ON WEEKENDS.		
P/A System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Podium: <input type="checkbox"/> Yes <input type="checkbox"/> No	TV/DVD: <input type="checkbox"/> Yes <input type="checkbox"/> No
A/V Projector: <input type="checkbox"/> Yes <input type="checkbox"/> No	Teleconference: <input type="checkbox"/> Yes <input type="checkbox"/> No	Coffee Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
NON-REFUNDABLE SECURITY DEPOSIT REQUIRED! BALANCE DUE ONE WEEK PRIOR EVENT! \$100.00 Administrative fee for any cancellations!		

Event Staff: _____ **Date:** _____

Center Coordinator: _____ **Date:** _____

