

## Function Information

Name of Group		Start Date (MMDDYY)		End Date (MMDDYY)	
Group Size		Start Time		End Time	
Category (Check One)	<input type="checkbox"/> Cat 1 <input type="checkbox"/> Cat 2 * <input type="checkbox"/> Cat 3* <input type="checkbox"/> Cat 4* <p style="text-align: center;"><i>*Fee incurred</i></p>				

## Contact Information

POC		Office Phone	
Email		Cell Phone	

## Requirements Information

A/V Support (Check all that apply)	<input type="checkbox"/> TV <input type="checkbox"/> DVD player <input type="checkbox"/> VCR <input type="checkbox"/> Computer connected to LAN <input type="checkbox"/> Laptop Hookups (#_____) <input type="checkbox"/> Screen/projector <input type="checkbox"/> Easels (#_____) <input type="checkbox"/> White boards <input type="checkbox"/> Other (please list)
	<input type="checkbox"/> Beverage Service <input type="checkbox"/> Snacks/Light Refreshments <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <p><i>*Food &amp; drink items will require a separate contract and will incur a 30% Service Charge for prep and delivery.</i></p>
Catering Support (Check all that apply)	

## Other Information

Enter any additional information regarding your event

Customer: Please Electronically Sign Below

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="font-size: 2em; margin: 0;">X</p> </div> <p>Customer Electronic Signature</p>	
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