

EVENT RESERVATION FORM

CLIENT'S INFORMATION

NAME: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EVENT INFORMATION

EVENT DATE: ____/____/____ START TIME: _____ END TIME: _____

EST. ATTENDANCE: _____ REQUESTED AREA: _____

SCHEDULE FOR ALL PARTIES INVOLVED (CATERING, DECORATOR, ENTERTAINMENT, ETC.)

ADDITIONAL NOTES

