|  |
| --- |
| **Event Reservation Check List** |
|  |  |  |  |  |  |  |  |
| Name |   | Phone # |   |
| E-mail |   | Event Type |   |
|  |  |  |  |  |  |  |  |
| Date & Time of Event |   | From |   | To |   |
|  |  |  |  |  |  |  |  |
| Number of Guests |   |  |  | Total Hours |   | (2 Hr. Min.) |
|  |  |  |  |  |  |  |  |
| Number at Head Table |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Table Type | Round |   | Long |   |  |
|  |  |  |  |  |  |  |  |
| Type of Table Cloths | Cloth Cost Extra |   | Plastic |   |  |
|  |  |  |  |  |  |  |  |
| Type of Napkins | Cloth Cost Extra |   | Paper |   |  |
|  |  |  |  |  |  |  |  |
| Chaplain Needed | Yes |   | No |   |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Menu |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |
| Cost of each meal |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Kitchen Service | Buffet Line |   | Full Service |   |  |
|  |  |  |  |  |  |  |  |
| Time to Serve Meal |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Separate Table for Cake & Gifts | Yes |   | No |   |  |
|  |  |  |  |  |  |  |  |
| Time of Decoration for the Party |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Bar | Host / Limit / Plus Tips |   | No Host |   |  |
|  |  |  |  |  |  |  |  |
| Special Liquor |   |
|  |   |
|  |  |  |  |  |  |  |  |
| Special Instructions |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |