|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |