



Return form to smcraepvp@gmail.com or mdoddpvp@gmail.com

Date: _____

Contact Name: _____

Company Name: _____

Email Address: _____

Telephone: _____ Cell: _____

Name of Venue: _____

Event Address: _____

City, State, Zip: _____

Non-Profit: _____ For Profit: _____ Corp: _____ Private: _____

Date of Event: _____ Number of Guests: _____

***There is a 4 hour minimum charge for services**

Start Time: _____ End Time: _____ Early Set up: _____ Take down: _____

Type of Event: _____

On-site parking: Yes Number of spaces: _____ No

***Parking means "Number of spaces allowed/open to valet parking ONLY".**

FOR INSURANCE PURPOSES WE MUST BE ABLE TO BLOCK AREA OFF FOR VALET ONLY.

Parking lot address (if different location): _____

***NOTE: if parking is more than 2 blocks away, the number of valets needed will increase or valet shuttle service will be required.**

EXTRAS:

UBER/LYFT Lane _____ Concierge: _____ Coat Check: _____

Way Finder: _____ Greeter: _____

HOW DID YOU FIND US? _____