

KEYPORT GARDEN CLUB

EVENT DEPOSIT & PAYMENT REQUEST FORM

Use this form to request a deposit or payment for an event

PO Box 604 ~ Keyport, NJ 07735 KeyportGardenClub@gmail.com

		DATE:		
		PAGE OF _		
Please Print		Function date:	Function date:	
COMMITTEE CONTA	CT:			
Name	Cell	Email		
	Cell	Email		
Committee:		Date of Event:		
Event:				
Brief description (or at	tach separate form of even			
		his event?YESNO		
Estimated cost of ever	ıt:	Final cost of event:		
records. It is your comm	nittee's responsibility to alert t	tion is updated, and payments are required. Please maintain a copy for the Treasurer when payments are due to vendors. Payments can take equired. Please keep that in mind and plan accordingly.	•	
To request a deposit for	an event please provide: this	orm, a contract/order form from the vendor with their cancellation p	olicy.	
-		of this form with any receipts and updated information when neede	d. If al	
	lease email the Treasurer payr			
		d this event: Please use the <u>KGC EVENT DEPOSIT FORM</u> to submit pa	yments	
for deposit to the Treasu	irer.			

DATES WHEN DEPOSITS/PAYMENTS REQUIRED	DEPOSITS	PAYMENTS	VENDOR	ADDRESS
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	\$	\$		
	\$	\$		
	\$	\$		
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	\$	\$		

EVENT:			
	P/	AGE	_OF

DATES WHEN	DEPOSITS	PAYMENTS	VENDOR	ADDRESS
DEPOSITS/PAYMENTS REQUIRED				
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