01/05/10

Set-Up

How do you want the room(s) set up? (Attach additional sheets if needed and include description, diagram, special needs, etc.)

Room No. _____ Room No. _____

Front of Room	Front of Room
# of Tables _____ # of Chairs _____ Decorations _____ Food _____	# of Tables _____ # of Chairs _____ Decorations _____ Food _____

Transportation—Van Request

NOTE: You are responsible for the care and security of the assigned key(s). Credit cards and/or keys are to be checked out and in during office hours. Please fill up the gas tank before returning the vehicle.

___ Van #1 ___ Van #2 ___ Van #4 ___ Van #5

Depart: _____ Return: _____
(Date and Time) (Date and Time)

Reason for use of van: _____

Signature: _____

Approval (office use only)

Total Due _____ Deposit: _____ Rec'd. By _____
Amount Date

____ Member

Balance: _____ Rec'd. By _____
Amount Date

____ Non-Member

Approved and entered on calendar by:

_____ _____
(Date)

Copy to:

_____ _____
(Date)