## **Event Request Form**

Date:/
Name/Organization:
Point of Contact:
Phone Number: Cell:
E-mail Address:
Are You a Club Member? No Yes (Last 4 digits on club card)
Event Date Requested:/
Room Requested: (Check One) Ballroom Daedalian Room OSR
Time of Event: Estimated Number of Guests:
Bar Needed: Yes No
Type of Event: Served Buffet No Food Ceremony
☐ Wedding Reception ☐ Birthday ☐ Promotion
Luncheon Dinner Retirement
Additional Notes:
FOR OFFICAL USE ONLY
Event #



