

FACILITY RESERVATION FORM

CLUB, COMM, etc.:	Email address:
REQUEST DATE:	
CONTACT PERSON:	
CONTACT PHONE:	
MEETING NAME:	
SET UP INFO:	_____, _____ 20__ ____:____ TO ____:____ <i>Weekday Month Start Time End Time</i>
EVENT INFO:	_____, _____ 20__ ____:____ TO ____:____ <i>Weekday Month Start Time End Time</i>
CLEAN UP INFO:	_____, _____ 20__ ____:____ TO ____:____ <i>Weekday Month Start Time End Time</i>

FACILITY REQUESTED: (PLEASE CHECK)

- BALLROOM: 1/2 WHOLE PAVILION
 KITCHEN (Not automatically included with Ballroom)
 CARD ROOM
 MEETING ROOM: 1 2 DRESSING ROOM:

EQUIPMENT NEEDED

Contact AVL at: scavlcommittee@gmail.com

*(**The AVL Committee must be contacted if you require the use of the Audio/Visual or Lights equipment so that a member of the committee may assist during your event.)*

Ballroom only: Projector/Screen DVD Cable Microphones #of mics ____ Lights Sound Laptop

KITCHEN INFORMATION

IS THE KITCHEN NEEDED FOR THE EVENT? YES NO

****If kitchen is needed, please reserve the space with the Lifestyle office, complete kitchen use form.**

Event Food Coordinator: _____ Phone #: _____

*(**Person named above must have completed the Event Food Coordinator Training)*

CATERED EVENT: YES NO

Name of Caterer: _____ Phone #: _____

Authorization: _____ Date: _____

Club Officer Signature

Approval: _____ Date: _____

Lifestyle Office

Please return completed form to the Lifestyle Office, or email form to MaryAnn.Elworthy@fsresidential.com