



EVENT REQUEST FORM

Date of request: _____

Requester Name/Phone: _____

Requester Email: _____

Event Title: _____

Desired Event Date: _____

Alternate Date 1: _____ Alternate Date 2: _____

Set Up / Start / End Time: _____

Flyer Needed (Yes / No): _____

Space Required (check one):

☐ Ballroom ☐ Café ☐ Chapel ☐ Game Room ☐ Owners Lounge ☐ Pool Area ☐ Other:

Event Type (check one):

☐ Cocktail / Reception ☐ Brunch / Lunch / Dinner ☐ Fundraiser ☐ Other: _____

Equipment / Services Needed (check all that apply):

☐ Chairs ☐ Round Tables ☐ Rectangular Tables

☐ Tablecloths ☐ Audio Visual ☐ Wine ☐ Beer ☐ Barstaff / Full Bar ☐ Catering Staff ☐ Setup Help

Other Needs: _____

Event Details / Special Instructions:

Office Use Only

ReviewedBy: _____ Date: _____

Approved ☐ Rejected ☐ Reason: _____

Added to Calendar: _____ Requestor Notified: _____