



SPECIAL FUNCTION REQUEST

Date of Event: _____ Location of Event: _____ Department: _____
Group: _____ Contact Person: _____
Room: _____ Person to Receive Bill: _____ Phone No.: _____
Set up time: _____ Break down time: _____ Address: _____
Price per Person: _____ _____
Date received: _____

**All requests require a three-week notice. Confirm arrangements five days prior to event.
Billing will be guarantee or actual number, whichever is greater.**

MENU (check appropriate boxes)

Coffee Service Continental Breakfast Hearty Breakfast Box Lunch Luncheon Dinner Reception

OFFICE USE ONLY

TABLE DIAGRAM AND SET UP

Small wares and equipment: _____

Rental equipment and special arrangements: _____

OFFICE USE ONLY