

Name of Group _____
 Activity: _____ Date(s) _____ Time(s) _____
 Contact Person: _____ Phone #: _____
 # Attending _____ Tentative _____ Final _____ Date _____

 Info. Taken By: _____ Security _____ Arranged
 Date: _____ Date _____

FACILITY: Catholic Center

Capacity		EQUIPMENT						HOSPITALITY			
tables/ chairs	chairs only	Room	PROJ:		FLP	BLK	TV/ VCR	MIK	COF	TEA	SDA
			Ovrh.	Sld.							
60	90	<input type="checkbox"/> Assembly Rm.									
100*	200	<input type="checkbox"/> Celebration									
60	90	<input type="checkbox"/> Councils Rm.									
	300	<input type="checkbox"/> Gym									
21	60	<input type="checkbox"/> Conf. Rm. A									
32	60	<input type="checkbox"/> Conf. Rm. B									

Set Up Communicated # people _____
 tables & chairs _____
 chairs only _____
 fan-shaped _____
 semi-circle _____
 circle _____
 u-shaped _____
 classroom _____
 square _____
 two tables together _____
 councils rm./conf. tbl. _____
 other _____
 Special Arrangements/Notes _____

SNACKS Kitchen Not'd. Date _____
 Fruit Tray _____ Cookies _____
 Cheese Tray _____ Donuts _____
 Other: _____ Donut Balls _____

 Outside Order: To: _____
 placed Date _____ Item(s) _____
 LUNCH Number _____ Notified _____
 Group _____
 Main Dining Room Staff _____ Group _____
 Oak Room (medium) Staff _____ Group _____
 Walnut Room (small) Staff _____ Group _____

GROUP							Capacity 100	
RETREAT HOUSE	MEALS	TIME	DAY	TIME	DAY	EQUIP	Sarto	Set Up
<input type="checkbox"/> Sarto Room	breakfast					<input type="checkbox"/> TV/VCR		
<input type="checkbox"/> Sun Room	lunch					<input type="checkbox"/> FLP		
<input type="checkbox"/> Main Dining	dinner					<input type="checkbox"/> PROJ		
<input type="checkbox"/> Oak Room	snacks							

Other Information: _____
 Linens No Linens Chapel

Bill To: _____ Bill Out: _____
 Billing Address _____ Acct. # _____
 _____ Deposit Received _____
 _____ Agreement Mailed: _____
 _____ Received _____ No deposit _____
 _____ Insurance Cert. Rec'd _____

Follow Up _____

*200 for lunch/dinner may be a little crowded

Entered Computer: _____ Date: _____