

Classical High Condominiums

Application for use of Atrium

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: DAY: () _____

EVENING: () _____

WHAT IS THE NATURE OF YOUR EVENT?

EVENT DATE: ____/____/____ 2ND CHOICE IF 1ST UNAVAILABLE: ____/____/____

HOURS (INCLUDE SET UP & CLEAN UP TIME): START: ____:____ END : ____:____

HOW MANY PEOPLE ARE EXPECTED? _____

SERVING BEER & WINE? (NO OTHER ALCOHOL PERMITTED) Y/N: _____

SERVING FOOD? Y/N: _____ DO YOU NEED THE KITCHEN? Y/N: _____

CATERER NAME: _____ PHONE: () _____

WILL THERE BE TABLES, CHAIRS OR ANYTHING ELSE DELIVERED? Y/N: _____

WILL YOU HAVE A SOUND SYSTEM? Y/N: _____

(NOTE: BANDS ARE RESTRICTED TO 3 OR LESS, PLUS A VOCALIST)

WILL YOU HAVE DECORATIONS AND/OR SIGNAGE? Y/N: _____

IF YES, PLEASE DESCRIBE:

IS THIS A FUNDRAISING EVENT? Y/N: _____

IF YES, FOR WHAT ORGANIZATION:

PLEASE LIST ANY SPECIFIC NEEDS, REQUESTS OR CONCERNS: (USE BACK IF NECESSARY)

