

CALGARY CURLING CLUB BANQUET REQUEST

Date of Banquet: _____ Banquet Start Time: _____

Company/Group Name: _____

Number of People: _____

Menu: _____

Bar Requirements: **Linen:** Y N **Cloth Napkins:** Y N
Drink Tickets: Y N (if yes) amount _____

Podium: Y N

Audio Visual: Circle Needed

DVD Mic Screen Flip Chart
Whiteboard Music Other: _____

Special Requirement: _____

Contact: _____ Contact Phone #: _____

Contact Email: _____

Date: _____ Signature: _____

Office Use Only

\$100 Deposit Required Cash __ Debit __ Cheque __ Visa __ MC _____

Credit Card Information: _____ Exp Date: _____

Deposit Paid: _____ Date Paid: _____ Receipt# _____

Additional Notes: _____

