

Event Registration

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Instructions for completing this form:

- 1. Telephone Event Manager @ 6958 to check availability of facility.
- 2. Assign account numbers to be charged where indicated.
- 3. Ensure signatures of budget managers where indicated.
- 4. At least two weeks prior to event forward hard copy form to the Event Manager OR
- 5. Email as an attachment to: slconnelly@mckendree.edu

6. A minimum of 50 people is required for Food Service in Ames Dining Hall.

Name		Organization		Phone#	
Address			City, State, Zip		
Facility Requested			Date Requested		
			Beginning Time		
Event Type (Purpose)			Ending Time		
Food Services	Yes	No	If yes, please complete this section:		
Estimated Number Atter			Call Food Service @ 6985	d Pricing	
Desired Cost Per Persor Preferred Menu Items	n \$	-	Linens	Yes	No
			Skirted Tables	Yes	No
_			Dudget Manager Approve		
Acct # to be charged			Budget Manager Approval Finance Approval		
_		-			
Facility Set Up	Yes	No	If yes, please complete t	this section:	
. domly cor op					
		Graphics (Diagram	n of set up) - Be Specific		
		Do Not Write	e Below This Line		
Deta Desained		DO NOT WALLE		-1	Φ.
Date Received Purchase Order #			Site Rent Food Ser		\$ - \$ -
	\$	-	Other		\$ -
Total Lahor	\$		Total		\$ -