

Boumi Shriners Club/Units

REQUEST FOR CALENDAR EVENT

Please complete as much information as you can pertaining to your event and submit for approval to the Recorder. You must submit a form for *any dates outside of your regular monthly meetings*. A copy of your request will be returned to you as soon as possible.

NAME OF UNIT/CLUB _____	Today's date _____
Officer submitting request _____	
Phone _____	Email _____ Preferred? _____
Event chair _____	
Phone _____	Email _____ Preferred? _____

DATE (MONTH/DATE/YEAR) _____ Time from _____ to _____

Name/type of event _____

Location: Boumi room(s) _____

Offsite Facility/Address _____

Food (if any) to be provided by _____

Entertainment (if any) _____

Event open to: Club/Unit only ___ Boumi ___ Public ___ Ladies ___ Children ___

Dress type _____

RSVP required? ___ Tickets required? ___ Ticket price _____

Auxiliary services required? Yes ___ No ___ See *Auxiliary Services form*

Any special information to be considered in the approval process _____

Approved ___	Not approved ___	Reason for denial _____
Contract required? Yes ___	No ___	Rate \$ _____ Discount % _____ Rental cost \$ _____
Recorder Signature _____	Date _____	Office Use Only

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AUXILIARY SERVICES

General

Podium: Full-size floor ____ Tabletop ____

Stage ____

Game wheels: (*be specific*) _____

Audio / Video

Projector ____ Pull-down Screens ____

Microphones: Hand-held ____ Lavolier ____

HDMI cable ____

Laptop ____

Seating

Round tables: 10-seat ____ 8-seat ____ 6-seat ____

Rectangular tables: ____

Chairs, meeting style: ____

Other: _____