

TLC Single Day Meeting Room Quote

Event Date: _____ Time: _____ Group: _____

Tax Exempt: Yes No Tax Exempt #: _____ (send Form 13 w/contract)

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Address: _____ City, State, Zip: _____

Will there be food? Yes No

Group Type: Family Church School Government Business FFA

Attendees: Men Women **School:** Elem. Middle H.S

Family: Singles Couples

Expected Attendance: _____ to _____

Meeting Room: _____ Rate: _____

Projector/Screen

Sound System

Conference Call System

Setup Requests:

FOOD

Requests _____

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Supper _____

Bev Station _____

NOTES

contract made

in physical calendar

on website calendar