

# 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