

## 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