

## 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