

RECEPTION INFORMATION SHEET

Reception site: _____
 Telephone: _____ Fax: _____
 Contact: _____ Appointments: _____
 Date: _____ Time: _____
 Date: _____ Time: _____
 Date: _____ Time: _____
 Date: _____ Time: _____
 Cost: _____ Total amount due: _____
 Amount of deposit: _____ Date: _____
 Balance due: _____ Date: _____
 Room reserved: _____
 Date: _____ Time: _____ Number of hours: _____
 Room/site capacity: _____
 Final head count due date: _____
 Reception location includes the following services: _____
 Reception location includes the following equipment: _____
 Terms of cancellation _____
 Other: _____

EQUIPMENT INCLUDES:

- | | | | |
|----------------------------------|----------------------------------|--|--|
| <input type="checkbox"/> Tables | <input type="checkbox"/> Chairs | <input type="checkbox"/> Linen | <input type="checkbox"/> Tableware |
| <input type="checkbox"/> Barware | <input type="checkbox"/> Heaters | <input type="checkbox"/> Electric Outlet | <input type="checkbox"/> Musical Instruments |

SERVICE INCLUDES:

- | | | | |
|----------------------------------|-------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Waiters | <input type="checkbox"/> Bartenders | <input type="checkbox"/> Valet | <input type="checkbox"/> Main Meal |
| <input type="checkbox"/> Cleanup | <input type="checkbox"/> Setup | <input type="checkbox"/> Security | <input type="checkbox"/> Free Parking |