

Date & Time Received:

Name of Staff Recipient:

REQUEST FOR USE OF BSGAC CLUBHOUSE

Date requested _____

Name: _____ Telephone _____

Address: _____ Cell phone _____

City/Town/Zip Code _____

Requested Event Date: _____ Alternate date: _____

Type of Event: _____ Location (circle one) Patio Back Dining Area Main Dining Room

Event Participants : (circle one) 100% Members Members and Non-Members Non-Member

Roster of Members included with membership Numbers _____

Hours of event: _____ Estimated Number of attendees _____

Is set up required? _____ Type of set up and amount of time needed _____

Do you require food service? _____ Bartender (required) _____

Number of hours _____ Will this be a catered event? _____ Provide name of caterer, proof
of caterer's insurance, workman's compensation and copy of contract _____.

Waiver signed _____ (Attach signed Waiver of Liability) Deposit paid _____

Approval by: _____

Event Coordinator Approval: _____ Entered to Master Calendar _____

Staff Representative _____ Waiver signed: _____ Deposit paid _____

Following event:
Any reason to withhold partial/entire deposit? _____

Explain: _____

Amount withheld: _____ Amount of refund: _____

Date: _____ Refunding party: _____

**IF THE REQUESTING PARTY HAS NOT BEEN CONTACTED
WITHIN 48 HOURS, PLEASE CALL 639-4151
AND ASK TO SPEAK TO THE EVENT COORDINATOR.**