

**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.**