

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.**