FUNCTION REQUEST FORM

Holly Creek

		FUNCTION DATE	
CONTACT NAME		START TIME	
CONTACT PHONE		ENDING TIME	
ROOM/LOCATION		# OF GUESTS	
BUDGETED COST		EC Approval	
FUNCTION NAME		DATE REQUESTED	

MENU			
Maintenance Request Submitted for setup?	Y / N		

SETUP NOTES / ADDITIONAL NOTES	FUNCTION COST	TOTAL
	PER PERSON PRICE	$ -
	GUEST COUNT	$ -
		$ -
	Disposables	0
	SERVICE CHARGE	
	TAX	
	TOTAL COST	$ -
	DISCOUNT	

Please submit your request two weeks prior to the event. Dining Services will return prior to the event for your approval.