EVENT FORM



	Highway			Leaver
			Event Name:	Event Date:
			Event Start Time: Eve	nt End Time:
			Load-In/Set-up Time:Nu	mber of People:
			Organization or Company:	□ C/TFN
			Today's Date (D/M/Y):	
6				Private
			Address:	NGO
Loading Bay			City: Prov/Terr	Postal Code:
			Email:	Phone:
Kitchen			Payment Method: ☐ Visa/Debit ☐ C	heques (made out to C/TFN Learning Centre)
0		Main Entrance	What space would you like to use?	Equipment Needed
		0	☐ Main Hall ☐ Board Rm#1 ☐ Clan Rm	Tables: Round 6ft ☐ Rect. 8ft
			☐ Kitchen ☐ Board Rm#2 ☐ Fire Pit	Linens: ☐ White ☐ Black ☐ Red
			☐ Foyer ☐ Board Rm#3	Table Curtins: ☐ Black ☐ White
			AV Equipment :	Stage: 12x24 □16x20 □16x24
			☐ Mics (max 4) ☐ Mic Stand (x2)	Kitchen: Require Caterer
0		0	☐ Flip Charts (max 4) ☐ Easels (max 2)	Name of Caterer
_		5	☐ Projector (sm. or lg.) ☐ Screen (sm. or lg.)	☐ Breakfast ☐ Lunch ☐ Dinner
			☐ Wireless Voucher ☐ Podium	☐ Snack (morning/afternoon)
0	Lake Side	O	☐ Laptop Computer	☐ Coffee/Tea Service ☐ Allergies

