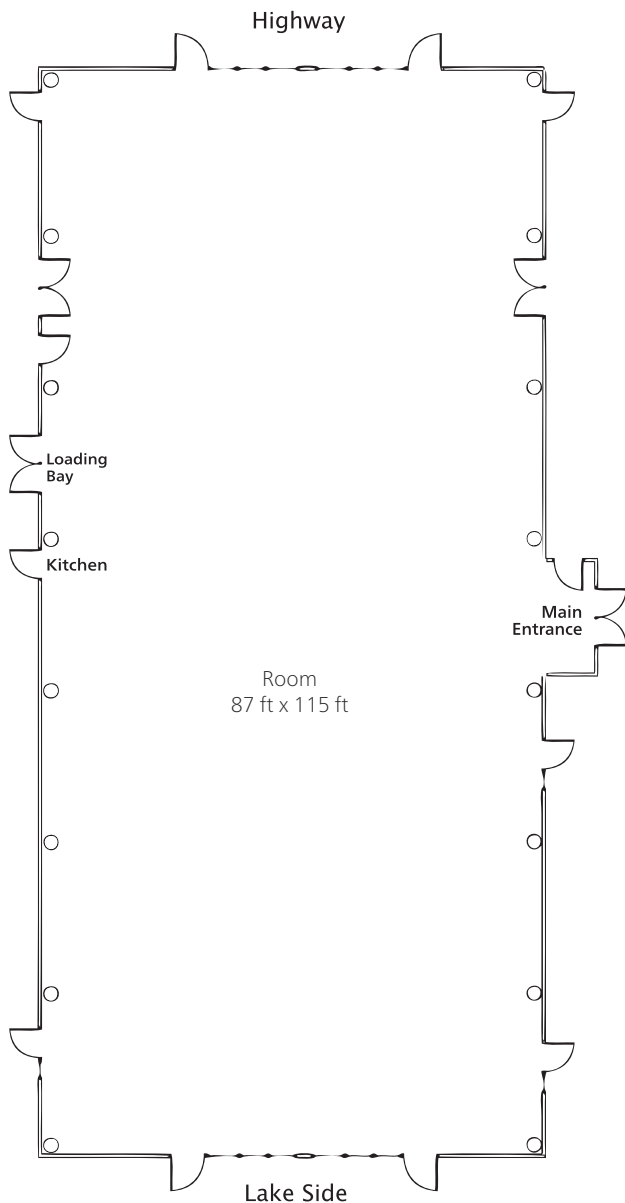


EVENT FORM



Learning Centre



Event Name: _____ **Event Date:** _____

Event Start Time: _____ Event End Time: _____

Load-In/Set-up Time: _____ Number of People: _____

Organization or Company: _____ C/TFN

Today's Date (D/M/Y): _____ Gov.

Rental Contact (person responsible): _____ Private

Address: _____ NGO

City: _____ Prov/Terr _____ Postal Code: _____

Email: _____ Phone: _____

Payment Method: Visa/Debit Cheques (*made out to C/TFN Learning Centre*)

What space would you like to use?

Main Hall Board Rm#1 Clan Rm

Kitchen Board Rm#2 Fire Pit

Foyer Board Rm#3

AV Equipment :

Mics (max 2) Mic Stand

Flip Charts (max 4) Easels (max 4)

Projector (sm. or lg.) Screen (sm. or lg.)

Wireless Voucher Podium

Equipment Needed

Tables: Round 6ft Rect. 8ft

Linens: White Black Red

Table Curtains: Black White

Stage: 12x24 16x20 16x24

Kitchen: Require Caterer

Name of Caterer _____

Breakfast Lunch Dinner

Snack (morning/afternoon)

Coffee/Tea Service

Carcross/Tagish First Nation Learning Centre

Box 130 Carcross Yukon, Y0B 1B0

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