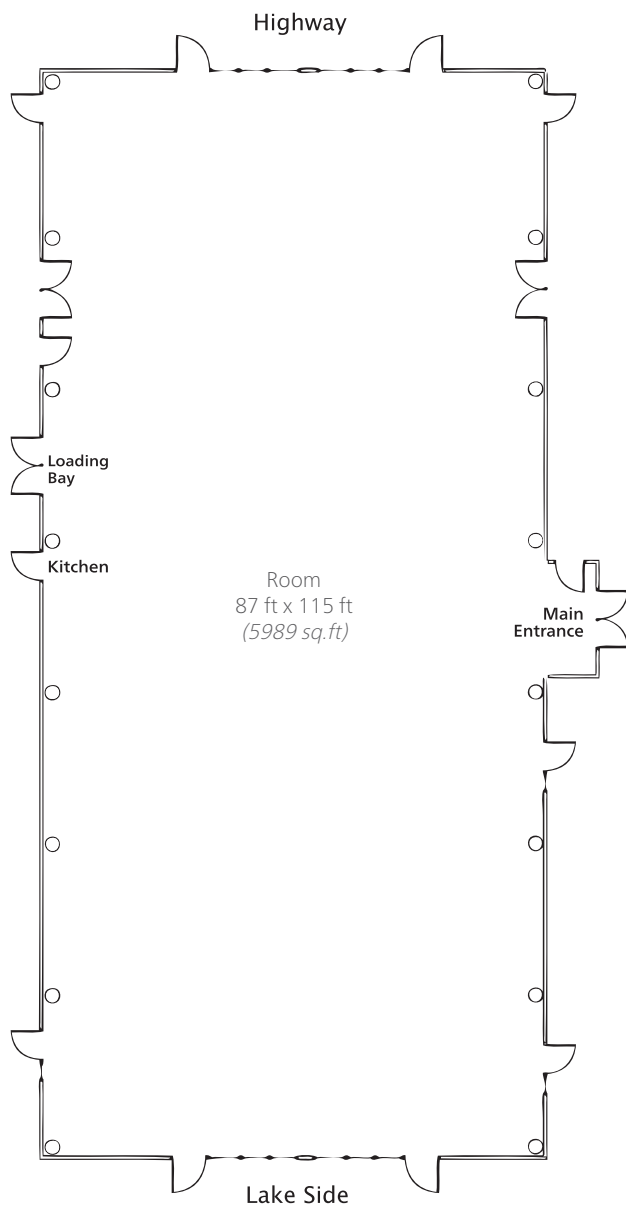


EVENT FORM



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 4) Mic Stand (x2)
 Flip Charts (max 4) Easels (max 2)
 Projector (sm. or lg.) Screen (sm. or lg.)
 Wireless Voucher Podium
 Laptop Computer

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 Allergies

Carcross/Tagish First Nation Learning Centre
Box 130 Carcross Yukon, Y0B 1B0

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