



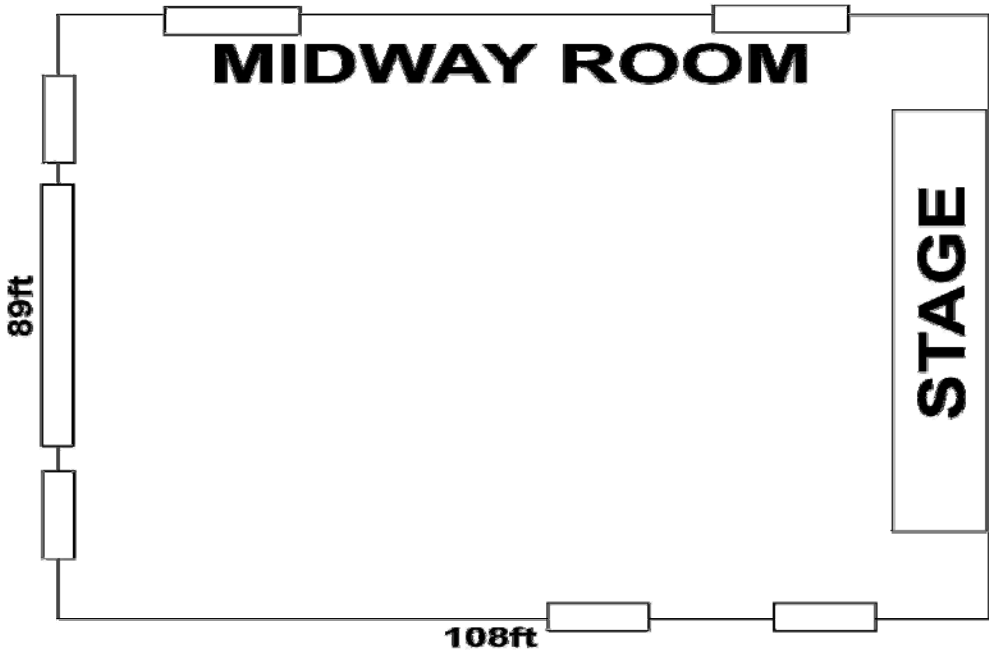
GENERAL INFORMATION

EVENT NAME		
DATE	TIME IN	TIME OUT
CONTACT		
COMPANY		
PHONE	EMAIL	
ADDRESS		

EVENT DETAILS

Item	Comments		Fees
RENT			\$
TABLES	# Round @ \$0.75	# Rectangle @ \$0.75	\$
TABLE COVERS	# @ \$4.00		\$
CHAIRS	# @ \$0.25		\$
RISERS	# @ \$15.00		\$
EVENT STAFF	# @ \$12.75		\$
FIRST AID	# @ \$19.75		\$
PODIUM	(please check one) _____ Floor	_____ Table Top	\$
MICROPHONE	# (specify number needed)		\$
PIPE/DRAPE			\$
PIANO			\$
TUNER			\$
TELEPHONE			\$
BOOTHS			\$
OTHER EQUIP			\$

SUBTOTAL	\$
5% SALES TAX	\$
TOTAL	\$
LESS DEPOSIT	\$
BALANCE DUE	\$



FOR OFFICE USE	
DATE PAID	
INVOICE #	
RECEIPT #	

Event Coordinator
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