

# Gulf Ridge Council Service Center Conference Room Reservation Form

Date of Event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(day of week) (month) (date) (year)

Requesting Organization Name: \_\_\_\_\_

Organization Director: \_\_\_\_\_

Phone(s): Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email Address: \_\_\_\_\_

Gulf Ridge Staff Member who will be present for this event: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Arrival time (need building open) \_\_\_\_\_ Departure Time \_\_\_\_\_

Total number of people expected to attend: \_\_\_\_\_ A/V Required? \_\_\_\_\_

Room Requested (check one)

- Conference Room "A" (SE Corner) seats up to 15
- Conference Room "B" (north) seats up to 25 w/ tables, 50 without
- Conference Room "C" (center) up to 200 (less with tables or sub-divided)\*

**Fees:**

Estimated Attendance (up to 3 hours) \$ \_\_\_\_\_

Multiply x \$1.00 (during business hours) **OR**

Multiply x \$2.00 (evening, weekend, holiday) \$ \_\_\_\_\_

Adjustment for reservations exceeding 3 hours \$ \_\_\_\_\_

*(see fee chart for details)*

Total Fees: \$ \_\_\_\_\_ Submitted: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Certificate of General Liability Insurance attached: Yes / No

**Signed:**

\_\_\_\_\_  
(for the requesting organization)

\_\_\_\_\_  
(Gulf Ridge Council Staff who will be on site)

*\*remember, this is not a banquet facility. We have no functioning kitchen and limited tables and chairs. Your organization will be responsible for securing catering, renting additional tables and chairs, etc. as needed.*