

DIXIE ELKS LODGE #1743

SPECIAL EVENT FORM

This form is to be filled out 30–45 days prior to the event & submitted to the Lodge Activity Chairman
PLACE COMPLETED FORM IN THE ACTIVITY CHAIR BOX OR GIVE TO CHAIRMAN FOR APPORVAL

For electronic version - email to Pam O'Mara at pam.omara@yahoo.com

DATE: _____

REQUESTED BY: _____ PHONE: _____

MEMBER SPONSOR: _____ MEMBER #: _____

NAME OF ACTIVITY: _____

DATE OF ACTIVITY: _____ DAY OF WEEK: _____

ROOM(S) REQUIRED: Lodge Room ___ 19th Hole ___ Front Dining Rm ___ Back Dining Rm ___

FEES: Room(s) _____ Deposit: _____ Pavilion _____

SERVICE REQUIRED:

COCKTAILS: Yes ___ No ___ Hours **from:** _____ a.m./p.m. **to:** _____ a.m./p.m.

FOOD: Yes ___ No ___ Serving time: _____ a.m./p.m.

ENTERTAINMENT: Yes ___ No ___ Type: _____

ESTIMATED NUMBER OF PEOPLE TO ATTEND: _____

EVENT MENU: _____

SPECIAL REQUEST FOR THIS EVENT: _____

For Lodge functions the event chairman is responsible to get the crews for the event.

Set-up Crew: _____

Kitchen Crew: _____

Clean-up Crew: _____

LODGE AUTHORIZATION

EVENT CHAIRMAN: _____ PHONE: _____

ACTIVITY CHAIRMAN: _____ PHONE: _____

HOUSE COMMITTEE: _____ DATE: _____