THE POINTE

Reservation Request Form

Basic Event Information					EMS#:			
Requested Event Date	e(s):			During Wee	kend?	During Holiday?		
Event Name:								
Department/Organiza	ntion:							
Reserved Time*	Start:	End:	* Time needed	Time needed to access and vacate the facility, including catering				
Event Time*	Start:	End:		* Time your event will actually start and end				
Number of Participan	ts*:	# of Minors, if any: * Numbers			nust not exc	ceed max capacity numbers		
Description of Event:								
(Write a short description of y	our							
event/purpose/organization)								
Room & Event Specifi	ications							
Requested Room(s):	Pacific Sunset:	Summit:	Cat Un Tyma.					
(Check all that apply)			Set Up Type:					
	Qty:							
	Oty:	Easel Rental (\$5ea)				Qty:		
Email Address:			Email Addres	ccı				
Email Address.			Email Addres	33.				
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