



LAKEVIEW EVENT CENTER

CUSTOMER INFORMATION

Parks and Recreation

TODAY'S DATE: _____

EVENT DATE: _____ EVENT TIME: _____ NUMBER OF GUESTS _____

Level 1: _____ Level 2: _____ Meeting Room 1: _____

Game/Grooms Room 2: _____ Meeting Room 3: _____

CONTACT PERSON: _____

COMPANY NAME: _____

PURPOSE/NAME OF EVENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE
CELL: _____ WORK: _____

EMAIL ADDRESS: _____

SECOND CONTACT PERSON: _____

PHONE
CELL: _____ WORK: _____

EMAIL ADDRESS: _____

*****STAFF ONLY*****

Deposit Paid: _____ **Balance Due:** _____ **Balance Due Date:** _____

Notes: _____