

Village of Holiday Lake, Inc.

FUNCTION REQUEST

Request Form for use of the Recreation Hall and Activity Rooms.
For all Activities, Meetings, Parties, and Weekly Functions.

PLEASE COMPLETE THIS FORM AND RETURN IT TO DARLENE IN THE OFFICE.

NAME OF FUNCTION: _____

DAY, MONTH, AND DATE FUNCTION WILL BEGIN: _____

DAY, MONTH, AND DATE FUNCTION WILL END: _____

TIME: _____

PLACE: _____

BAND: _____ PHONE: _____

Band Contact Person _____

Contact with Band _____

SPEAKER: _____ PHONE: _____

Contact with Speaker _____

KITCHEN: YES: _____ NO: _____

IF YES, CONTACT KITCHEN CHAIRPERSON: _____

IF YES, A \$50.00 DEPOSIT FOR THE USE OF THE KITCHEN
MUST BE GIVEN TO KITCHEN CHAIRPERSON.

SPONSORING COMMITTEE OR GROUP: _____

PERSON IN CHARGE: _____

PHONE: _____ ALTERNATE PHONE: _____ E-MAIL: _____

SUMMER ADDRESS: _____

SUMMER PHONE: _____ DATE SUBMITTED: _____

SIGNATURE: _____

OK: _____

RECREATION COMMITTEE CHAIR

