

EVENT RESERVATION FORM

Corporate Social Wedding

Company Name: _____

Contact Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Proposed Event Type: _____

Proposed Event Type/Name: _____

Date/Time(s): _____

Expected Attendance: _____

Do you require alcoholic beverages during the event? Yes No

Do you require food to be serviced during the event? Yes No

Will this be a public / ticketed event? Yes No

How will admittance be controlled? (please check all that apply)

Advance Ticket Sales On-site Ticket Sales Pre-registration

On-site Registration Invitation

Please attach any other information, such as event program/company profile.

Signature: _____

Date: _____

Fax information to: 704-333-2708 or email to rhonda@themaineventnc.com