

BANDERA DOWNS EXPO RESERVATION APPLICATION

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

E-MAIL _____

RESERVATION DATE _____ TIME NEEDED _____ AM/PM TO _____ AM/PM

TYPE OF EVENT _____

SPECIFIC ACTIVITIES THAT WILL OCCUR

EST. NUMBER OF PEOPLE ATTENDING? _____

EXPO STAFF REQUIRED FOR ATTENDANCE? _____

DO YOU WANT BEER AND WINE SERVED? YES NO

ARE YOU ALLOWING BEER/WINE TO BE BROUGHT IN? YES NO

WILL FOOD BE BROUGHT IN? YES NO

LIST CATERER _____

WILL FOOD VENDORS BE USED? YES NO

WHAT AREA ARE YOU REQUESTING TO RENT?

LOWER MEETING ROOM _____

UPPER MEETING ROOM _____

OUTDOOR GROUNDS _____

OTHER _____

HOW MANY HOURS WILL YOU NEED THE FACILITY? _____

