

TRP EVENT INFORMATION SHEET

DATE: _____

EVENT: _____

EVENT LOCATION: _____

EVENT TIME: _____

SET UP: _____

CLEAN UP: _____

NUMBER OF GUESTS: _____

EVENT DESCRIPTION: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

WILL YOU BE USING IN HOUSE CATERING: _____

WILL YOU BE USING BAR FACILITIES: _____

TABLES: _____ CHAIRS: _____

OTHER EQUIPMENT: _____

COMMENTS: _____
