

FISCHER HALL RENTAL WORKSHEET

Deposit Pd/Date_____
Deposit Amt. _____
Check # _____
Bal. Due Date _____
Balance Due \$ _____
Balance Paid/Date _____
Paid In Full _____

DATE _____

BUSINESS/TROOP _____

CONTACT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS _____

DAY PHONE: () _____ EVENING PHONE: () _____

DAY/DATE REQUESTED: _____ TIME: _____

TYPE OF EVENT: _____

SET-UP DATE/TIME: _____

GROUP SIZE: _____ ALCOHOL SERVED: _____

EQUIPMENT REQUIRED:

OF TABLES: _____ # OF CHAIRS: _____ AUDIO: _____

VCR/SCREEN: _____ PODIUM: _____ OTHER: _____

SPECIAL INSTRUCTIONS:

