

F O O D

S E R V

C E

D E T A I L S

S E T U P

D E T A

EVENT CONFIRMATION FORM



Name of Company/Individual(s)		
Date of Event		
Type of Event		
Address of Company/Individual		
Name of Company's contact	Tel. #	
On-site contact for Company	Tel. #	
Email Address		
Menu Details: (It is not recommended that 2 of the same type meat of Conference Packages - For Reservations of more than one day, plea Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5 ☐ Breakfast Option	se send menu attachment. Option 6 Option 7	Option 8 Option 9 Option 10 (please attach the selected items)
Coffee Break Option	Lunch /Dinner Option	
<u>Cocktail Options</u> Specialty Platter	(Indicate 3/4 or 5 course, # menu & cost please)	
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Hors D'oeuvres (please attach the selected items)		
How would you like the food served?		
No. of persons attending event		
Number of Vegan or Fish only, meals required?it is recommended they are seated together.		
Number of children under 10 years old (Cost: US\$13.50 per child)(Specific menu items available)		
Bar type required (if any)?, what time should the bar be opened? (All limited bars are set to a specific \$ value)		
Will wines be taken in? Number of bottles What time should they be served?		
N.B Corkage fee is charged at US\$4.00 per bottle. 1 bottle serves 5 persons		
Color scheme of Event?	f coloured napkins are require	d – conditions apply)
Will Display table(s) be required & #? what items will be displayed (Dependent on capacity of room & #s		
confirmed)		
Will \square Awards; \square Presenters' \square Registration table(s) be required? (If yes, please select)		
Total number of tables above required # of persons to be seated		
Will Banners be taken in? Y, N If yes, it should be taken in the day before.		
Audio Visual equipment required: \Box Flip chart; Microphones Wired \Box / Wireless \Box ; \Box Multimedia projector; \Box Screen; \Box Other		
(Additional cost applies for all AV)		
Will a Band /Entertainers be at your event? Y $_$, N $_$, do we need to provide seating for them ?		
Set-Up Type: (Banquet style, Cocktail, Theatre, Classroom, U-shape, Boo	ard Room and Hollow Square):	
(Referenced on the room lay out guide)		
Number of persons for head table		
Additional Requirements:		
Please return completed form to fax #:876-906-2224 or scan and e-mail to sales 7@courtleigh.com. Please submit 1 month prior to		
event date (if applicable) <u>OR</u> immediately if a late booking,		
<i>Name</i> : <i>Date</i> :	Signature:	