

The Schultz Center

Event Form

Telephone: (904) 348-5757

Fax: (904) 348-5761

FOR SCHULTZ OFFICE USE ONLY:

Event #: _____

Acct. #: _____

Charge #: _____

Please complete one form per event scheduled.

Individuals who require reasonable accommodations in order to participate must notify the Schultz Center at least 5 working days prior to the scheduled event. The Schultz Center will send an Event Contract to be signed and returned to complete the reservation process.

Client Name: _____ **E-mail:** _____

Contact Person: _____ **Telephone:** _____ **Fax:** _____

Address: _____

Date(s) of Event: _____

Time of Event: _____

(Please check one)

Event _____ **Training:** _____ **Name of event/training:** _____

Purpose of Event: _____

Group Name: _____ **Number of Participants:** _____

Seating Style: Theatre _____ Classroom _____ Banquet _____ Other _____

(Please be as detailed as possible) _____

Audiovisual Needs: _____

Special Services: Parking Needs _____ **Security Needs:** _____

(Mandatory after 6 pm and Weekends/ 3 hour min.)

Catering Services: Yes: _____ No: _____ All catering must be arranged through Aramark Food Services, Inc..Catering Manager Theo Kouremetis, at (904) 348-5767, Cell: 759-1999 and/or Pager: 967-3382

General Comments:

