

Reservation Request Form

Please note: Rooms will be available to enter at the times listed on the Reservation Agreement only, please make sure all parties are made aware.

Today's Date		GVR#
Organization Name (if app	licable)	
Member Name or Contact	Person	_
Address		·
Phone	Ema	nil
Please check one:		
☐ GVR Club		☐ GVR Private Member
☐ GVR 3 Month Member Group		☐ GVR Homeowners Association
☐ Non-GVR organizatio	n (rental fee)/Commerc	cial event type: \square Meeting \square Social \square Other
Description of your event:	1	
Is everyone attending a GVR	member? □ No □ Yes	Do you plan to have/serve alcohol? ☐ No ☐ Yes
		rer
		nd times cannot be guaranteed)
1 st Choice		_ Room
2 nd Choice		Room
Date(s) Requested		
Start time	End time	
Expected Attendance		_ Do you need setup time? □ No □ Yes