

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. **IF YOUR EVENT INCLUDES BINGO INVOLVING AN ENTRY FEE, PLEASE ATTACH A COPY OF YOUR LICENSE AND LOCAL GOVERNMENT APPROVAL**.

Today's Date	GVR#
Organization Name (if applicable)	
Member Name or Contact Person	
Address	
Phone	Email
Please check one:	
☐ GVR Club	☐ GVR Private Member
☐ GVR 3 Month Member Group	☐ GVR Homeowners Association
\square Non-GVR organization (rental fee)/Commercial event type: \square Meeting \square Social \square Other	
Description of your event/Equipme	nt needed (television, projector, etc.):
Is everyone attending a GVR member? [☐ No ☐ Yes Do you plan to have/serve alcohol? ☐ No ☐ Yes
Catered Event? ☐ No ☐ Yes GVR A	pproved Caterer
Center Requested (please note rooms	s, centers, and times cannot be guaranteed)
1 st Choice	•
1 Choice	
2 nd Choice	Room
Date(s) Requested	
Start time Enc	I time
Expected Attendance	Do you need setup time? ☐ No ☐ Yes