

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. IF YOU WILL NEED ACCESS TO THE ROOM PRIOR TO THE EVENT, TO SET UP MATERIALS, PLEASE INDICATE YOU WILL NEED 'SET UP TIME'.*

Today's Date	GVR#
Organization Name (if applicable)	
Member Name or Contact Person	
Address	
Phone Em	ail
Please check one:	
☐ GVR Club	\square GVR Private Member
☐ GVR 4 Month Member Group	\square GVR Homeowners Association
\square Non-GVR organization (rental fee)/Commercial event type: \square Meeting \square Social \square Other	
Is everyone attending a GVR member? □ No □ Yes	Do you plan to have/serve alcohol? □ No □ Yes
Catered Event? ☐ No ☐ Yes Caterer	
Center Requested (please note rooms, centers, an	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