**GROUP**

|  |  |
| --- | --- |
| **BEO #:** | ###### |
| **Created** | DD/MM/YY |

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| --- | --- | --- | --- | --- |
| **Account:**  **Post As:**  **Address:** | Account Name  Event Name  1234 Street Name City, State, 00000 | | **Contact:**  **Phone:**  **Fax:**  **On-Site:**  **Phone:**  **Fax:** | Name  555-123-4567  555-123-4567  Name, Title  555-123-4567  555-123-4567 |
| **Event Date:** | mm/dd/yyyy | |
| **Deposit:**  **Billing Method:** | | Direct Bill | **Catering Src:** | Name |

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| **DATE** | **TIME** | | **ROOM** | **EVENT** | **FUNCTION** | **SET-UP** | **EXP** | **GTD** | **SET** | **RENTAL** | **POST** |
| DD/MM/YY | Start: | 00:00PM |  | Event Type or Name | XXX |  | ### | ### |  |  | Y |
| End: | 00:00PM |

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| --- | --- | --- | --- | --- | --- | --- |
| **Menu Selections** | | | | | | **Setup Requirements** |
| **Start:** | 12:00PM | **End** | 01:00PM | **Function** | XXX | Rounds of 8 |
| Menu item  Menu item  Menu item  Menu item  Menu item  Menu item  Menu item  Menu item  Menu item  Menu item  Menu item | | | | | | Lorem Ipsum Dolor Requirement  Lorem Ipsum Dolor Requirement  Lorem Ipsum Dolor Requirement  Lorem Ipsum Dolor Requirement  Details lorem ipsum dolor sit amet lorem ipsum. Details lorem ipsum dolor sit amet lorem ipsum. |
| **Entertainment, Décor and Miscellaneous** |
| Lorem Ipsum Dolor Requirement |
| **Beverage Selections** | | | | | | **Audio Visual Requirements** |
| Menu item  Menu item  Menu item  Menu item | | | | | | Lorem Ipsum Dolor Requirement  Lorem Ipsum Dolor Requirement  Lorem Ipsum Dolor Requirement |

|  |  |  |  |  |
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|  |  |  | |  |
| **Organization Authorized Signature** | **Date** |  | **Catering Src Name** | **Date** |

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| **BEO #:** | **######** |