

Carriage Manor Room Request WORKSHEET

Room requests **MUST** be made online by Feb. 12th. This worksheet walks you through the information you will need to complete the online form. * Indicates a Required Field. Form Link: <https://www.carriagemanorrv.com/> → Room Request Form
Season: 11/1/23 - 4/30/24 Yearly: 11/1/23 -10/31/24

Event Info

Email* _____ Phone #* _____

Coordinator* _____ Club/Group/Other* _____

Event Name* _____ Meeting

Event Discription _____

Private Event* Yes No (Private events will not be included on the public CM event calendar)

Requested Room* _____

Second Choice Room _____

Event Date* ___/___/___ (Choose the first **actual** date this event starts)

Event Start Time* _____ AM/PM Event End Time* _____ AM/PM

Is this a repeating event?* Yes No (Selecting No indicates this is a 1 time event)

Repeating Event Details

What days of the week does this event happen?* M T W Th F S S

How often does this repeat* (Select a pattern that applies. Choose **Other** if your event falls outside of one of these date patterns and then fill out those dates.)

Weekly 1st and 3rd Week of the Month 2nd and 4th Week of the Month

Monthly Other - Specify Dates: _____

What is the last date of this event?* ___/___/___ For events **during the season**, the latest date is **4/30/24**.
For events that are **yearly**, the latest date is **10/31/24**. Pick a date that works best for your schedule.

Event Setup Time/Cleanup Time

Setup Time* 15 min 30 min 1 hr 2 hrs Other

If Other: Setup Start Time: _____ AM/PM Setup End Time: _____ AM/PM

Cleanup Time* 15 min 30 min 1 hr 2 hrs

Resources

Sound Projector Other: _____

Does your event require use of the kitchen?* Yes No

Kitchen Usage

Who will be the Safe Serve Representative?* Jon Larson Karen Guzman

Other: _____

How will you be using the kitchen? With the help of the Grub Club Catered by an outside vendor
 Club prepared Individual use Other: _____

Dates & Times the kitchen will be required for food preparation*:
