

Edelweiss Event Space Questionnaire

Name of Event: _____

Name of Person Renting Space: _____ Phone Number: () _____

Address: _____

Name of Person in charge of Event: _____ Phone Number: () _____

Date Desired: (M/D/Y) _____ Time Begin: _____ Time End: _____

Time of Arrival for setup: _____ Time For Cleanup: _____

NOTE: All property must be removed by end of cleanup time unless other arrangements are approved by AMAA

Number of guests/attendees expected: _____ Involves Children?: YES / NO

Staff expected to be at event: _____

Use of Staging: YES / NO Orientation of staging desired: _____

Need use of sound system: YES / NO Need use of stage lighting: YES / NO

Need use of grand piano: YES / NO

Quantity of Chairs needed: _____ Quantity of Tables needed: _____

NOTES: _____

Signature: _____ Date: _____

Approval: _____ Date: _____