ARNOLD HALL COMMUNITY CENTER

1560 Stewart Street, bldg. 5506, Lackland AFB, TX 78236 Phone: (210) 671-2619/2352 DSN: 473-2619/2352

Facility Reservation Form

Type of Event	:	Date	of Event:	
Organization:		Estimated Number	of Participants:	
Time (set-up):	Event Start:	Event End: _		
POC Name: _		Email:		
Phone Number	r:	First Sergeant N	ame:	
First Sergeant Email:		First Sergeant Phone Number:		
Room Require		_		
Ballroom		Conference Room		
	Bob Hope Theater	Amphith	neater	
	Items Re	quired for Reservat	ion	
	Podium/Microphone:	YES	NO	
	Projection Screen:	YES	NO	
	Punch Set-up \$30 (80 servings)	YES	NO	
	Coffee Set-up \$25 (80 servings)	YES	NO	
	Water Set-up \$5	YES	NO	
	Bar (requires \$150 in sales)	YES	NO	
	Set-up for \$100	YES	NO	
	Clean-up for \$150-\$200	YES	NO	
	Clean-up 101 \$150-\$200	TES	110	
Number of Ch	airs:			
		VES or NO	Color: BLACK or	r WHITE
Of tables				
			Color: BLACK of	
6ft Round tabl			Color: BLACK of	
	not requested 2 weeks in advance, we can	nnot guarantee that	we will have what y	ou need on the day of your
event.				
Other Notes: _				
	ng organization does their own set up and cle in the same condition as it was found. Organ			
	allowed, table confetti must be ½ inch or lar			
<mark>requirements ha</mark>	we priority and could cause your function to	be moved or changed	<mark>d.</mark>	
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l,	understand th om Arnold Hall. I also understand that if I ne	at "NO OUTSIDE DI	RINKS" are allowed in	a Arnold Hall staff as soon as
possible. No sho	ows will result in an email going to my First	Sergeant.	rvation, i will notify th	e minora man stam as soon as
	<i>6 6 9</i> -1	S		
SIGNATURE			DATE	
5151/11 0102			D/11L	
ACCEPTED & CONFIRMED BY			DATE	