

CALLAWAY ARTS AND CONFERENCE CENTER
500 CALLAWAY PARK WAY
CALLAWAY, FL 32404
Office: (850) 874-0031/Fax: (850) 874-9977

FLORIDA ROOM
USAGE REQUEST FORM
(Please Print Clearly)

NAME: MR./MS./NON-PROFIT GROUP _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

DATE OF EVENT: ____/____/____

TIME REQUESTED: FROM: _____ AM/PM TO: _____ AM/PM
(circle one) *(circle one)*

Callaway Resident/Non-Profit Organization Refundable Deposit \$110.00 _____ Non-Resident Refundable Deposit \$150.00 _____

EVENT TYPE (*check one*): **NUMBER OF GUESTS:** _____

RECEPTION STYLE (*Maximum Number of Guests 50*)

Comments: _____

DINNER/BANQUET STYLE (*Maximum Number of Guests 48*)

Comments: _____

THEATRE STYLE (*Maximum Number of Guests 50*)

Comments: _____

SEMINAR STYLE (*Maximum Number of Guests 40*)

Comments: _____

OTHER:

Comments: _____

DEPOSITS RECEIVED: YES OR NO \$ _____

PLEASE SIGN AND RETURN: _____

(Client Signature)