

Today's Date ___/___/___

Event Information

Group Name: _____

Representative Name: _____ Phone: _____

Street Address: _____ City: _____

St: _____ Zip: _____ Email: _____

Event Options

Room Fees

Date of Event ___/___/___

Estimated No. In Group _____



Group Rate \$25 Per hour \$ _____

\$25 x _____

Total \$ _____

Representative Name _____
Print Signature

GreatLife Representative _____
Print Signature

Additional Comments:

_____ A signed copy of this agreement and payment. Payment is non-refundable, however rescheduling is possible).

_____ Food and drinks need to be kept in the Event room.

_____ Decorations are allowed in the Event room as long as they do not damage the walls, floors or tables.

_____ Group is responsible to clean and return the room to its original state.

_____ Room Capacity 30 People