

4 Wing Cold Lake
Junior ranks
FUNCTION REQUEST / PLANNER
Non Military Function

BOOKING DATE: _____ FUNCTION DATE: _____

CUSTOMER INFORMATION

TYPE OF FUNCTION: _____

NAME: _____; ADDRESS: _____

HOME NUMBER: _____; CELL#: _____

ESTIMATE NUMBER IN ATTENDANCE: _____

BAR REQUIREMENTS

FUNCTION START TIME: _____ CLOSE TIME: _____

MAIN LOUNGE BAR: _____; SNAKE PIT BAR: _____ ARROW LOUNGE: _____

WINE RED: _____; QTY/BTLs: _____

WINE WHITE: _____; QTY/BTLs: _____

PORT: _____; QTY/BTLs: _____

BARTENDERS NEEDED: YES NO (1 BARTENDER FOR EVERY 50 PEOPLE ATTENDING FUNCTION)

MISCELLANEOUS ITEMS

Microphone Podium Gavel Easel Steam table

Heating Laps DJ system Karaoke System Sporting/Games items

Coffee Station (.75 CENTS PER PERSON) POP STATION (.50 PER PERSON)

SERVICE PROVIDERS INFO

OUTSIDE CATERING: _____ CLUB 41 CATERING: _____

FOOD SERVICE, START TIME: _____ SIT DOWN: _____ BUFFET: _____

DJ COMPANY: _____

START TIME: _____ END TIME: _____

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I UNDERSTAND THAT:

1. I am responsible for all costs directly related to this function ie **Bartender Wages, Glass pickers, BBQ's and cleaning fees;**
2. **All refreshments Liquor / Wines etc...shall be purchased from the bar at full retail price;**
3. I am responsible for providing a courtesy bus IAW with Wing Standing Orders and that Taxi Chits will be available for members only;
4. I am responsible for the conduct of all guests, and for any damages caused by my guests, in, or on the grounds of the Mess. All damages will be recovered at commercial rates;
5. The dress regulations will be maintained as presented in the Mess Constitution and By-Laws; NO HATS, GYM clothes allowed.
6. **Where as any furniture is rearranged, or decorations used, the area must be returned to its original condition on completion of the function;** and
9. Confirmation of the information provided on this form must be made **TWO FULL WEEKS** prior to the function. **Changes cannot be made after that point**
10. If full or any part of function is being charged to a NPF Unit Account, we required the account number and authorizing signature.

SPONSORSHIP

Please have your sponsor complete the section below prior to submitting your request. The requirements for sponsorship are as follows:

The member must be in good standing order of the Junior Ranks Mess 4 WING.

SPONSOR: As the sponsor of this function, I fully understand that I shall personally be held accountable for the conduct and actions of those persons attending the function, as stated above. Additionally, I hereby agree to abide by the above listed requirements.

RANK _____ **NAME** _____ **LOCAL** _____

UNIT/SECTION _____

DATE _____ **SIGNATURE** _____

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MESS MGR: _____

BAR SPVR: _____

PMC : _____