



THE ELKHORN
CATERING & CONFERENCE CENTER

CLIENT BOOKING INFORMATION

Event Type: _____ Today's Date: _____

Event Date: _____ Event Time: From _____ to _____

Number of Attendees: _____ Room(s) Requested: _____

Catering Options: Buffet: Yes No Dinner: _____ Appetizers: _____ Bar Service: Yes No

Food/M meal Preferences: _____

Event Design

Theme/Colors: _____ Tablecloth: Black / White Overlay: _____

Centerpieces: Provided by Us: _____ Bring Your Own (BYO): _____

Special Features: Fallen Soldier Table: Yes No Flag Ceremony: Yes No

Room Setup:
Seating Arrangement: _____

Equipment Needed: Audio/Visual: Yes No Podium: Yes No

Other: _____

Additional Details: BOSS DD's: _____ Room Setup Details: _____

Food Preferences (if applicable): _____

Additional Information: _____

Contact Information: Unit/Organization: _____

Email Address: _____

Primary POC Name: _____ Phone Number: _____

Secondary POC Name: _____ Phone Number: _____

