

Mirador Activity	Contact Person _____	mm dd yy
Wedding	Name of Group _____	
Wedding	Phone _____ Cell _____ Other _____	
Reception	Responsible Person _____	
Shower	Address _____	
Rehearsal Dinner	Phone _____ Cell _____ Other _____	
	<i>Insurance:</i> CH Provides <input type="checkbox"/> Client Provides <input type="checkbox"/> Other <input type="checkbox"/>	
	Insurance Co. _____ Agent _____	
	Name on Insurance _____ Expiration _____	mm dd yy
	Certificate of Insurance/Policy # _____	
	Beverage Server _____ # _____	
Business	Attendance	
Meeting	Instructions: _____	See attached sheet <input type="checkbox"/>
Convention	Event Day	
Seminar, Workshops	Sun _____	
Demonstrations	Mon _____	
Food Service	Tue _____	
	Wed _____	
	Thu _____	
	Fri _____	
	Sat _____	
	mm dd yy	
Family	Start Time	
Reunion	_____	
Food Service	End Time	
Birthday	_____	
Anniversary	Entry Time	
Baby Shower	_____	
	Lockup Time	

	Wine Beer <input type="checkbox"/>	
	Spc Permt <input type="checkbox"/>	
	Pd. Server <input type="checkbox"/>	
Community		
Fund Raiser		
Exhibition		
School Reunion		
Meeting		
Food Service		
Church		
Service, Worship		
Meetings		
Convention		
Youth Activity		
Benevolence		
Outreach		
Food Service		
Fund Raiser		