



EVENT INFORMATION FORM

This information will be used to book your event and generate your contract. Please complete this form and return to Sheri Scallan, sscallan@englandairpark.org. If you need assistance, please call 318-427-6462.

Primary Contact: _____ Date Submitted: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Mobile Number: _____
E-Mail: _____

EVENT INFORMATION:

Date(s) of Event: _____ Time of Event: _____
Type of Event: _____
Estimated Attendance: _____
Food Served: [] Yes [] No Caterer: _____
Alcohol Served: [] Yes [] No Provided by: [] Caterer [] Licensed Professional Distributor
Utilize Stage: [] Yes [] No [] Band [] D/J

ROOM SET-UP:

[] EA Staff [] Lessee
[] Banquet Style (w/Serving Line) - Qty. Round Tables _____ | Qty. Rectangle Tables _____
[] Banquet Style (w/o Serving Line) - Qty. Round Tables _____ | Qty. Rectangle Tables _____
[] Include Dance Floor Area - Size: _____
[] Classroom Style - Qty. Tables _____ | Qty. Chairs _____
[] Theater Style - Qty. Chairs _____
[] Other Describe Layout: _____
[] Highboy Tables - Qty. _____

Client Signature _____ Date _____