

GRCC Secchia Banquets & Catering Request Form

Department/Organization: _____ Date: _____ Event Contact Person: _____

Check appropriate box:

GRCC Unit Outside Organization

If tax exempt, must provide Tax ID Number: _____

Type of Event (make-up of group and purpose): _____

Account Number: _____

Telephone Number: Office _____

Fax _____

E-mail: _____

Date of Function: _____ Starting Time: _____

Facility to be Available: from _____ to _____

Food Available: from _____ to _____

Attendance: Approximate _____ Guaranteed _____

BILLING ADDRESS:

FOOD/MENU

APPLIED TECHNOLOGY CENTER (ATC)
Contact (616) 234-3715

Room:

- Fountain Room, 118
- Lyon Room, 120
- Bostwick Room, 122
- Ransom Room, 124
- Auditorium, 168
- Atrium- parking level
- Atrium- first level
- Atrium- second level
- Conference Room _____
- Other _____

SERVICE REQUEST

Room:

- Linen
- Disposable Service
- China Service
- Bar
- Other _____

Delivery/ Service Time	Quantity	Item Description	Office Only

I have read and agree that the above organization will abide by the rules and regulations of Grand Rapids Community College. Please sign, date, and return to Bayard Brooks. Thank you.

Authorized Signature of Event Organization: _____ Date: _____

DO NOT WRITE IN SHADED AREAS

Manager	Department	Revenue Account Number	Total
	Food		
	Bar		
Remarks:	Subtotal		
	Taxes		
	Gratuity		
	Less Deposit		
	Balance Due		