

Fendall Hall Event Work Order

Day: _____

Date: _____

Time: _____ to _____

Purpose of Event: _____

For: _____

Coordinator: _____

Address: _____ Phone Number: (H) _____

_____ Phone Number (W) _____

Number of Guests _____ Adults () Children () Price Quoted \$ _____

Will Need () House () Grounds () Porch () All Tours Given: () Yes () No

Volunteers Needed: _____

Set Up/Layout Notes

Set Up

Tablecloths: # and size _____

Place Settings: _____

Tables: # and size _____

() Special Set up Required

Special Services

Vendor	Name	Phone #	Location	Time
Caterer				
Florist				
Photographer				
Musicians				

Deposit paid () Yes () No

Additional Notes: _____
