

Thunder Mountain Activity Center (TMAC)
Event Planning Form

Purpose: To gather detailed information about an upcoming event or bar service, to provide the highest level of service to our clients.

Point of Contact Information:

Client Name: _____
Company/Organization: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Email address('s): _____
Secondary POC Name/Telephone: _____

Event Information:

Name of the Event: _____
Purpose of the Event: _____
Date of Event: _____
Starting Time: _____
Ending Time: _____
Number of Guests: _____
Type of Event _____
Service Type (i.e., meeting, buffet, sit-down, reception, delivery, or room rental, etc.)
Off-Site Location Name/Address (if applicable): _____

Ease of Access Pass Required (Minimum of 150 guests): Yes___ No ___

Room and Setup Information:

Room(s) Reserved: _____
Room Setup (e.g., theater, classroom, banquet): _____
Linen Color: (e.g., tablecloth, napkins, etc.): _____

Event Schedule:

Presentation Time: _____
Bar Time: _____
Other Activity Time(s): _____

Additional Services:

Audio/Visual Equipment (e.g., podium, mic, projector, sound system):

Technical requirements (e.g., internet access, electrical outlets, etc.):

Decorations: _____

Special Requirements/Other Details:

Comments:

By signing below, I confirm that the information provided in this form is accurate and complete. I understand that any changes or cancellations to the event must be communicated to Thunder Mountain Activity Center in writing.

Client Signature: _____ Date: _____