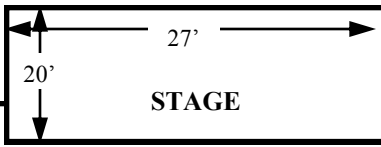


Renter's Name _____

DATE: _____

DAY: _____

Door



OPEN: _____

EVENT STARTS: _____

EVENT ENDS: _____

CLOSE: _____

**Please
submit this
layout
2 weeks
prior to your
event.**

SPECIAL REQUESTS:

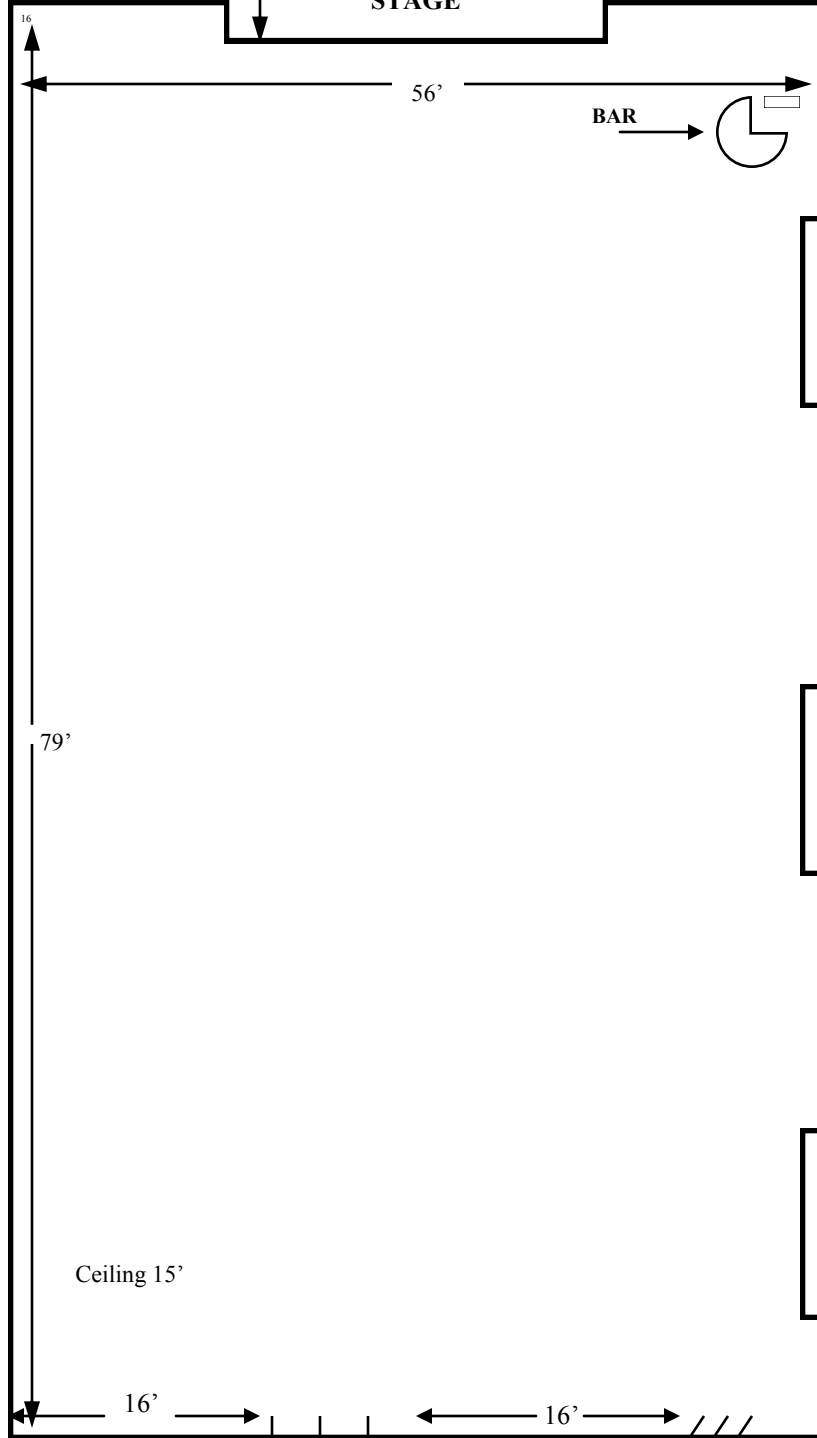
PLEASE PROVIDE:
Names/
Phone Numbers

Caterer:

Photographer:

Decorator:

Florist:



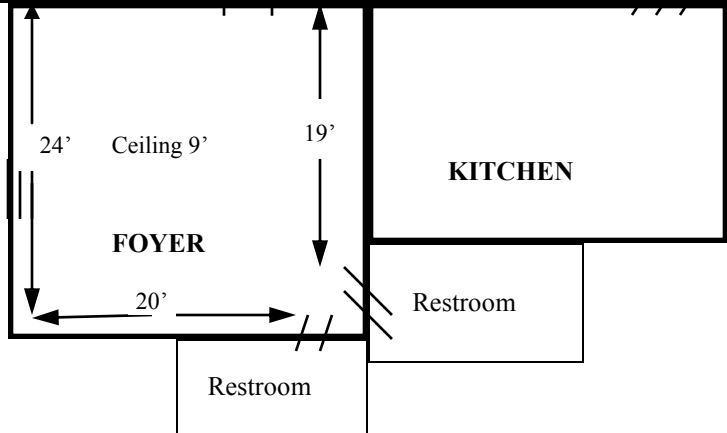
Sliding Door

Sliding Door

Ceiling 15'



Door



NOT TO SCALE