



Russell County Conference Center Information Form

Group Name _____ Booked by: _____

Date of Event: _____

Unlock Time: _____ Start Of Event Time: _____ End of Event Time: _____

Number in Group: _____ Event Type: _____

PRIMARY CONTACT: *Any changes/requests must be by either of these individuals: changes/requests by others will not be honored.*

Name: _____ Email: _____

Contact Number: _____

Set-Up:

Size of Room Requested: _____ Facility Cost: _____

Quarter: _____ Half: _____ Full: _____

Number of Round Tables Needed: _____

Number of Rectangle Tables Needed: _____

Linen: _____ Color/Linen
_____ Round x \$ _____ each
_____ Rectangular x \$ _____ each
_____ Skirting x \$ _____ each

Linen Cost: _____

Food and Refreshments:

Will refreshments or food be served? _____

If so, Caterer: _____

Will alcohol be served? _____



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Computer Usage: _____
Projector/Screen: _____ Microphone (how many): _____ Podium: _____
Cost: _____
Stage: _____ Cost: _____

Description of Additional Request:

TOTAL COSTS: _____
Non-Refundable Deposit: _____ Date paid: _____
Remaining Balance: _____ Date paid: _____

I understand and agree to abide by the terms contained in the contract. I understand my group will be billed on the number provided above.

SIGNATURE: _____ Date: _____