P.E.O. Chapter _____

CONFIRMATION OF THE P.E.O. CENTENNIAL CENTER FACILITIES

ATTENTION! THIS SHEET MUST BE RETURNED AT LEAST TEN DAYS PRIOR TO THE FUNCTION.
IF NOT RECEIVED BY THIS TIME, YOUR MEETING WILL BE SUBJECT TO CANCELLATION

Please **COMPLETE, SIGN** and **RETURN in enclosed envelope** to:
P.E.O. EXECUTIVE OFFICE
3700 Grand Avenue
Des Moines, IA 50312
Attn: Gerrilyn Lane
Phone # 515-255-3153 ext. 3734

ARRANGEMENTS:

Date Reserved: _____ Anticipated Attendance: _____
Month Day Year

Time of Function: From _____ a.m./p.m. to _____ a.m./p.m.

Type of Function: _____
(Chapter Meeting; BIL. Party; Reciprocity; etc.)

Caterer: _____ Tour Requested: Yes _____ No _____

ROOMS TO BE USED

Meeting Room _____ (May be used for large functions. Can seat 60 at tables or 100 in theater-style seating.)

Kitchen _____ (May be used as needed.)

SETUP DESIRED (Please list the amount of the following you will need.)

Serving Tables: _____ (Two eight-foot tables available.)

Dining Tables: _____ (Ten six-foot tables available – six chairs to a table.)

Chairs: _____ (One hundred chairs available.)

Lectern: _____

Microphone: _____

OTHER ARRANGEMENTS _____

IT IS AGREED: **P.E.O. CHAPTER _____**

- Chapter is responsible for full security of Meeting Room Entrance.
- Chapter Guard will admit members.
- Piano will not be moved.
- ONLY above areas will be used.
- Policies listed on second sheet are understood and will be observed.
- Tea towels, coffee, tea, cream, sugar, styrofoam cups and attractive disposable dishes are provided at no charge. (Be sure to leave the tea towels on the kitchen counter.)

Name _____ Phone _____

Address _____

_____ _____
Signature

The P.E.O. Centennial Center belongs to all of us. Please leave the area you use clean.