



EVENT PLANNING FORM

Event Day & Date:

Contact Name:

Organization / Company Name:

Email Address:

Contact Numbers:

Event Name & Type of Event:

Event Details:

Estimated No. of Guests:

Private Event: Y / N

If so, for entire duration or what hours?

Start Time:	End Time:
-------------	-----------

Event Location: Locker Room or GYM Bar Main Floor

Entertainment:

Performer: Y / N	Private DJ: Y / N	House DJ/Jukebox: Y / N
Decorations: Y / N	If Yes, Time?	Mic Required: Y / N
Food: Y / N	If Yes, Time?	Tables: Y / N

Contact at Event:

Special Instructions:

-- FOR OFFICE USE ONLY --

I/we hereby confirm that I/we wish to book GYM SPORTSBAR for our event as set out in the details above. I/we understand that should the booking be cancelled less than 24 HOURS prior to the event a cancellation charge of \$150 will be made.

Credit Card #:	
Expiry Date:	
Verification Code:	
Signature :	Date:
Name:	

Return Address:

GYM SPORTSBAR

167 8TH AVENUE . NY NY 10011 . PHONE: (212)337-2439 FAX: (212)337-2480