

## **RESERVATION FORM**

NAME OF CLIE	NT:	DATE:
CONTACT PERS	NT: 6ON :	
CONTACT NUM	BER:	
VENUE/S CHUS	EN:	
EVENT TYPE: _		
DATE OF EVEN	T: EVENT (in hours.):	
DURATION OF I	EVENT (in hours.):	
EXPECTED NO.	OF PAX:	
SOUNDSYSTEM	REQUIREMENTS (TECHNICAL	L RIDER):
INCLUSIVE OF	STAGE (STANDARD SIZES)	
• 3	feet height – 16 ft x 20 ft	
	feet height - 16 ft x 24 ft	
	feet height - 48 ft x 32 ft	
2	yeer neight 10 jt ii 52 jt	
ADDITIONAL TA your event)	ABLES AND CHAIRS: ( Please in	dicate the number of tables and chairs that you need for
REMARKS:		
OFFICIAL CATE	CRER:	
GLORI	A MARIS RESTAURANT	JAM SWEET JAM RESTAURANT
RESERVED BY:		RESERVATION ACCEPTED BY:

MS. GAY HAZEL FERNANDEZ