



GRANITE SPRINGS
GOLF CLUB

EVENT BOOKING REQUEST FORM

PLEASE COMPLETE THIS FORM WITH AS MUCH DETAIL AS POSSIBLE.
ONCE COMPLETE, SUBMIT THE FORM TO JASON SCHELLEMAN AT JASON.S@GSGOLF.CA.
CONFIRMATION OF BOOKINGS WILL BE SENT AFTER THE REQUEST FORM HAS BEEN SUBMITTED.

CONTACT NAME: _____ PHONE #: _____

EMAIL: _____ COMPANY (IF APPLICABLE): _____

TYPE OF EVENT: _____

DATE REQUESTED: _____ TIME REQUESTED: _____

NUMBERS OF GUESTS (APPROX.): _____ ROOM REQUESTED (IF KNOWN): _____

DO YOU REQUIRE FOOD & BEVERAGE SERVICE? YES/NO (PLEASE CIRCLE)

IF YES, WILL MEALS BE CATERED OR ORDERED FROM THE REGULAR MENU? CATERED/MENU (PLEASE CIRCLE)

IF YES, DO YOU REQUIRE SPECIALTY SPIRITS OR BEVERAGES? PLEASE SPECIFY. _____

ADDITIONAL REQUESTS: _____

I, _____, HEREBY CONSENT THAT GRANITE SPRINGS MAY SHARE THE ABOVE INFORMATION WITH THEIR CONTRACTED FOOD & BEVERAGE PROVIDERS TO COMPLETE MY EVENT BOOKING.

SIGNATURE

DATE

PLEASE BE ADVISED THAT ALL EVENT DETAILS MUST BE FINALIZED NO LATER THAN SEVEN DAYS PRIOR TO THE EVENT.