



**THE OMAHA PRESS CLUB
EVENT CONFIRMATION**

Date of Booking: _____ Date of Event: _____ Time of Day: AM PM
Name: (Individual) _____ Member's Name: _____
Name: (Business) _____
Address: _____
Phone: _____ Fax : _____
Member Number: _____ Non-Member Number: _____ Rental Fee: \$ _____ Non-Refundable Deposit: \$ _____

Number of Guests:	Start Time:	Bar Time:	Food Time:	Meeting Time:
Location:		Staff:		Private <input type="checkbox"/> Yes <input type="checkbox"/> No
Menu: Cocktails/Hors d'oeuvres		Sit-down	Buffet	Other:
Table Set-up:				

BAR DETAILS: (Open) (Cash)

HORS D'OEUVRES:

SALADS:

ENTREE(S):

POTATO / VEGETABLE:

DESSERT(S):

SPECIAL EQUIPMENT / NOTES: (Charges \$ _____)

HOSTED PARKING (2 / 4 / 6) YES NO **CANDLES (\$.50 EA):** YES NO

**A signed event confirmation confirms agreement with the Banquet Policies Manual.
All events must have signed agreement prior to event.**

OMAHA PRESS CLUB Date
Telephone: 402-345-8587 FAX: 402-345-0114

Client Date

DAMAGE WAIVER: Credit Card: Visa MC AMEX Discover

Name on Card:

CARD NO. # EXP DATE:

3% office administration charge will be added to all credit cards charges