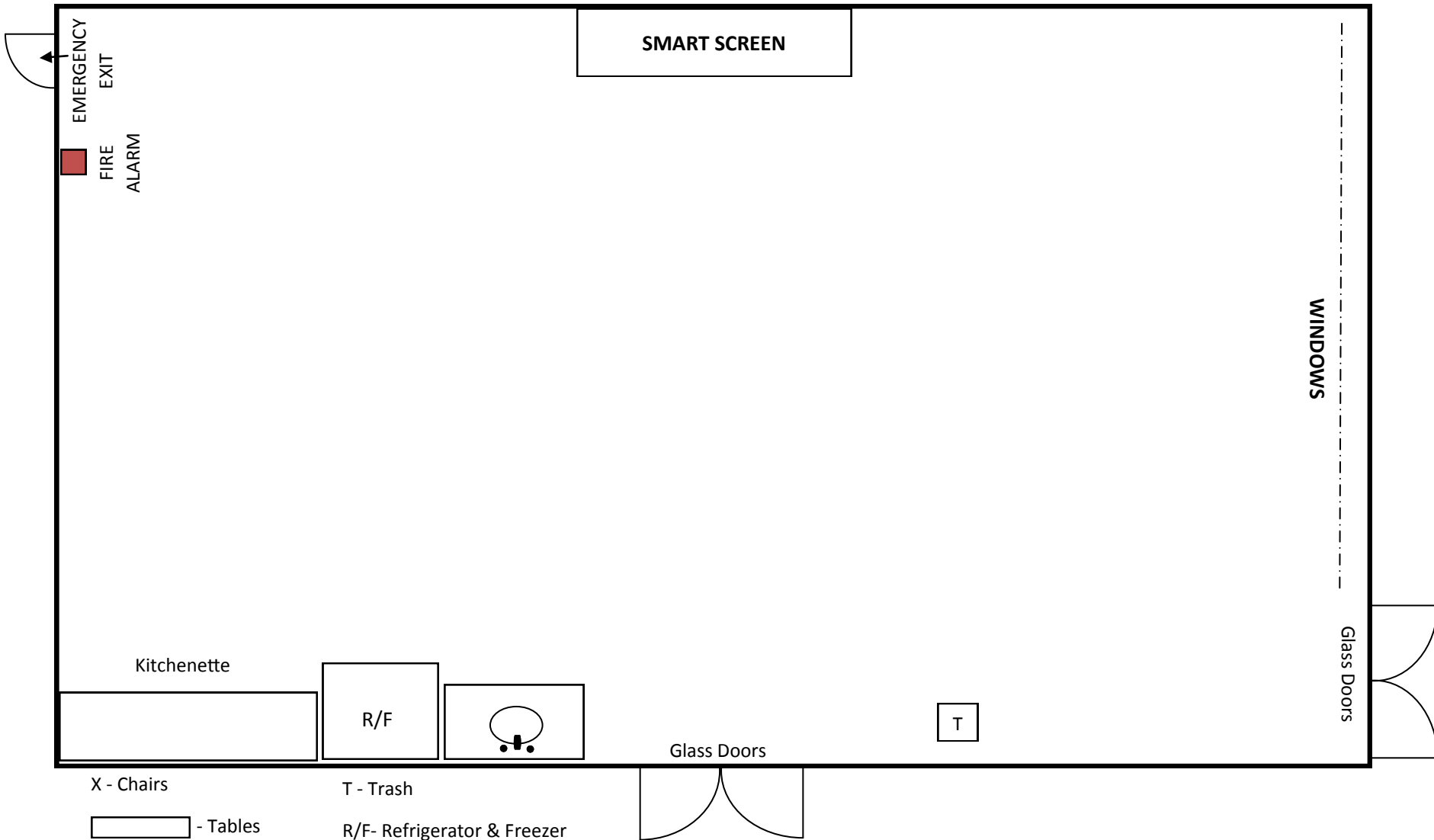


CHAPMAN AVE.



Contact Person: _____

Name of Event: _____

Date of Event: _____

Set up time: _____ Event start time: _____

Number of chairs needed: _____

Number of tables needed: _____

OFFICE USE ONLY

Notes: _____
