

# CLUB MEETING/EVENT REQUEST

CLUB NAME: \_\_\_\_\_ CLUB PRESIDENT/DIRECTOR \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_ PHONE NBR: \_\_\_\_\_  
\_\_\_\_\_ EVENT POINT OF CONTACT (POC) \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_ PHONE NBR: \_\_\_\_\_  
\_\_\_\_\_ Proposed Date \_\_\_\_\_ Set up time: \_\_\_\_\_ Event Time: Begin  
\_\_\_\_\_ End \_\_\_\_\_ Anticipated number of guests \_\_\_\_\_ Description of event/activity/meeting (include theme:  
country western, 50's, luau, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Fundraiser? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, name of charitable organization: \_\_\_\_\_  
Captiva Club \_\_\_\_\_  
Grand Treasure Ballroom \_\_\_\_\_ Multipurpose Room-A \_\_\_\_\_ Multipurpose Room-B \_\_\_\_\_  
BYOB? No \_\_\_\_\_ Yes \_\_\_\_\_

## SPECIAL REQUEST

Do you require a "Selfie-Station" for your upcoming event? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, there is an additional "Flat Rate" fee of \$50.00.  
Selfie Station- includes a Black Curtain and Lights only (props NOT included). **Replacement Cost based on damages.**

The standard floor plan consists of 25 round tables of either 8-10 chairs at each table, plus coffee and water table. Any special request seating arrangement/design will incur an additional "Flat Rate" fee of \$50.00. **All special floor plan request(s) must be submitted two weeks prior to event date.** Special floor plan required: No \_\_\_\_\_ Yes \_\_\_\_\_ **Disclaimer: This fee may be avoided if the club provides their own list of volunteers to handle the new floor design. Volunteers MUST have a "Volunteer Waiver" on file and MUST check in with the front desk on the day of.**

Require OT Staff? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, provide Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Return Time: \_\_\_\_\_ End Time: \_\_\_\_\_ (If a Club requires Campbell Staff to assist past their regular scheduled hours, they must be paid for overtime **(2 hours minimum required-** for rates, please speak directly to the Lifestyle director.)

\*\*\* Any additional "Special Request" fees, are to be made payable via check to: Vitalia at Tradition \*\*\*

During any & all club events, only authorized personnel (club directors, club assistants setting up & entertainers) are permitted in the BOH (back of the house: catering kitchen, dressing room, restroom, storage rooms, or backstage), unless approved in advance by the Lifestyle Director.

**Equipment request: Circle all that apply:**

Microphone(s): \_\_\_\_\_ YES \_\_\_\_\_ NO                      Projector/Screen: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Coffee Pot: \_\_\_\_\_ Small- 30 cup \_\_\_\_\_ Large- 100 cup    Qty Coffee Pots: \_\_\_\_\_ Small (max 2) \_\_\_\_\_ Large (max 3)  
Other \_\_\_\_\_

**Table request (Ballroom only)**

Number of Round Tables (Max 25) \_\_\_\_\_ Number of Chairs per Table (standard is 8/max is 10) \_\_\_\_\_

Coffee Table \_\_\_\_\_ YES \_\_\_\_\_ NO    Water Table \_\_\_\_\_ YES \_\_\_\_\_ NO

Additional Table requests (food, DJ, registration, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: _____	Date: _____
Phone number: _____	
Received by: _____	Date _____
Initial approval: _____	Date _____

**Notes or Comments from the Lifestyle Director:**

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CLUB NAME:

**\* Requires information submitted in the correct format**

All submissions are accepted at the front desk.

Please allow 2 business days for response. Final approvals will be based on all required paperwork and information received and subject to Management discretion.

**Vendor List: Please complete the following and submit 10 days prior to event**

**(Copy of certificate of liability insurance AND signed liability waiver required for all caterers, entertainers or any provider of a service)**

Name \_\_\_\_\_ Purpose \_\_\_\_\_

Phone number \_\_\_\_\_ Liability policy \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_

Phone number \_\_\_\_\_ Liability policy \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_

Phone number \_\_\_\_\_ Liability policy \_\_\_\_\_

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