

ALLAIN LIBRARY LAYOUT:

Function Date: _____

Event Title: _____

Event Start Time: _____

Event End Time: _____

Est. # Attending: _____

Contact Name: _____

Contact Number: _____

Room Layout (Checklist):

[] Catering/Buffer Tables (6 or 8 ft)

BAH Use Only:

*** Please sketch the desired room layout in the box below**

