



HARBOR Golf Club & Resort
MEETING REQUEST
FOOD & BEVERAGE CONTRACT
Fax: 854-2301 Phone: 854-2300

Group Name: _____

Contact Person: _____

Address: _____

City/Town: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Event Date: _____ **Number of People** _____

Food Beverage Requirements: Yes _____ No _____

Catering Package:

Breakfast: _____ Lunch: _____ Supper: _____

Meal selection: (please refer to Catering Package): _____

Accommodations required: Yes No

Of people requiring accommodations: _____

Of cabins (max 4 per cabin) _____

RV Parking: _____

Special instructions: _____

Date: _____

Signature

Office use only: Employee: _____ Facility: _____

Date confirmed _____

Deposit: Cheque Visa Mastercard Other:

Amount: _____

Card # _____ Expiry: _____