**ANNEX B - Royal Military College of Canada Messes**

**Function/Facility Request Form**

**Section A: Contact Information**

|  |  |
| --- | --- |
| 1. Type of Event: |  |
| 1. Person of Contact: |  |
| 1. Address: |  |
| 1. Phone number: |  |
| 1. Email: |  |
| 1. Date of Birth: |  |
| 1. CF1 Number: |  |

**Section B: Expected Event Timings**

|  |  |
| --- | --- |
| 1. Set up Date/Time   **(Please indicate if you require set up time prior to your event date)** |  |
| 1. Guest Arrival: |  |
| 1. Bar Opening & Closing:   **(Last Call is 12:45 am at the latest, the bar closes at 1:00 am)** |  |
| 1. Appetizer Service: |  |
| 1. Meal Service: |  |
| Estimated Number of Guests?  **(Final Attendee Numbers are due 5 business Days prior to the event. Changes made to the Attendance after the deadline may result in additional charges.)** |  |

**Section C: Payment Information**

|  |  |  |
| --- | --- | --- |
| Budget for Event | $ | |
| Full Payment is due 5 business days after receipt of final invoice. | | |
| Payment Format: |  | Cheque |
|  | Cash |
|  | Debit |
|  | Visa |
|  | Mastercard |

**Section D: Bar Requirements** (Check one or more below)

|  |  |
| --- | --- |
|  | Open Bar |
|  | Open Bar with Maximum $ Limit |
|  | Pay Bar |
| Bar and Beverage Ideas: (basic request below) | |
| Wine Service: | |
|  | 1. Bottles on Table (How many bottles per table?) |
|  | 1. Served (How many glasses per guest?) |

**Section E: Food Requirements** (Check all that apply)

|  |  |
| --- | --- |
|  | Pass around appetizers |
|  | Dinner Buffet |
|  | Dinner Table Service |
|  | Lunch Buffet |
|  | Lunch Table Service |
|  | Breakfast Buffet |
|  | Finger Food Buffet |
|  | Coffee/ Dessert |
|  | Other: |
|  | Culinary Preferences:    Please Indicate any Dietary Requirements for guests: |

**Section F: Contract for Services**

|  |  |
| --- | --- |
| Any outside contractor (i.e. DJ, band or Musicians) must be contracted through the Senior Staff Mess. Information regarding the 3rd party contractor will be submitted to the Mess Manager (Andy Sakell) to produce a contract.  Required Information: | |
| Name of Company: |  | |
| Company Contact Name: |  | |
| Address: |  | |
| Phone Number: |  | |
| HST# or SIN#: |  | |
| Email Address: |  | |

**Section H: Client Confirmation**

|  |
| --- |
| I hereby commit to the details as outlined above. In case of cancellation, I am aware that I will be responsible for any costs incurred as a result of cancelling this event.  Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section I: Mess Confirmation**

|  |
| --- |
| Your Function’s Contact at the Mess is:  Andy Sakell, Mess Manager(X6654)  Lori Alves-MacPhail, Assistant Mess Manager(X6722)  Jeff Clairoux, Kitchen Supervisor(x6225)  Peter Young, Mess Supervisor(x3986)  Function Approval Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3 Copies**Original - Mess Manager Files

Copy – Client  
Copy – Function Contact File