



Reservation Request Form

Please note: Rooms will be available to enter at the times listed on the Reservation Agreement only, please make sure all parties are made aware.

Today's Date _____ GVR# _____

Organization Name (if applicable) _____

Member Name or Contact Person _____

Address _____

Phone _____ Email _____

Please check one:

- GVR Club
- GVR Private Member
- GVR 3 Month Member Group
- GVR Homeowners Association
- Non-GVR organization (rental fee)/Commercial event type: Meeting Social Other

Description of your event:

Is everyone attending a GVR member? No Yes Do you plan to have/serve alcohol? No Yes

Catered Event? No Yes GVR Approved Caterer _____

Center Requested *(please note rooms, centers, and times cannot be guaranteed)*

1st Choice _____ Room _____

2nd Choice _____ Room _____

Date(s) Requested _____

Start time _____ End time _____

Expected Attendance _____ Do you need setup time? No Yes