

Name of the Event:

Date of Event:

Time of Event:

Permit Number

Number of People Expected:

Number of Round Tables :

Number of Rectangular Tables:

Number of Chairs:

Extra Items Rented (Please Circle):

Customer Signature Agreeing to Set-up: _____ *(Required 2 weeks prior)*

(You may also e-mail info@cleburne.net or fax 817-556-8897 to confirm your set-up.

