



# RESERVATION FORM KRANNERT CENTER BERRY COLLEGE

P.O. Box 495020  
Mount Berry, GA 30149-5020  
Phone: 706-236-2293  
Fax: 706-238-7875

**Please call number listed above to confirm availability of space and date PRIOR to submitting form.  
All banquet arrangements must be made through Food Services at 706-368-6962.**

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_ to \_\_\_\_\_

Group/Sponsor \_\_\_\_\_

Room Reserved \_\_\_\_\_ Attendance \_\_\_\_\_

Room Set-Up (check one):\*

- |                    |                                    |  |                                      |
|--------------------|------------------------------------|--|--------------------------------------|
| Chairs Only:       | <input type="checkbox"/> Circle    | <input type="checkbox"/> Theatre                     | Krannert Lobby:                      |
| Tables and Chairs: | <input type="checkbox"/> Classroom | <input type="checkbox"/> U-Shape                     | <input type="checkbox"/> Table       |
|                    | <input type="checkbox"/> Square    | <input type="checkbox"/> Banquet (with round tables) | <input type="checkbox"/> Chair _____ |

\*If specific setup is desired, please include diagram on the back of this form.

Please indicate other set-up needs (i.e. risers, head table, etc.)

Equipment Needs (check all that apply):

- |                                     |  |                                     |                                       |
|-------------------------------------|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Podium     | <input type="checkbox"/> CD player     | <input type="checkbox"/> Television | <input type="checkbox"/> Sound System |
| <input type="checkbox"/> Microphone | <input type="checkbox"/> LCD Projector | <input type="checkbox"/> VCR Player | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Piano      | <input type="checkbox"/> Laptop        | <input type="checkbox"/> DVD Player | _____                                 |

Telephone: Business \_\_\_\_\_ Home \_\_\_\_\_

E-mail address: \_\_\_\_\_

Group Representative \_\_\_\_\_ Date \_\_\_\_\_

Signed Krannert Center Staff \_\_\_\_\_ Date \_\_\_\_\_

**Please submit form at least one week prior to event.**