

CALENDAR RESERVE FORM
This Form is for PTS Events, Leagues & Meetings Only
(See Rental Forms for Rentals)

EVENT NAME: _____

EVENT CONTACT: _____

CONTACT PHONE #: _____

SINGLE EVENT DATE

MULTIPLE EVENT DATES

LOCATION: _____

EVENT DATE: _____

EVENT START DATE _____

EVENT START TIME: _____

EVENT END DATE: _____

EVENT END TIME: _____

EVENT START TIME: _____

EVENT END TIME: _____

PREP / SET-UP REQUIRED? Y ___ N ___

DATE: _____

TIME START: _____

TIME END: _____

DESCRIPTION OR ADDED INFORMATION: _____

(ex. movie name)

Return Completed form to: ptsavoy1917@gmail.com

Hand deliver to Lynn Pellegrini or drop in Green Box in upstairs Kitchen.