



THURGOOD MARSHALL
AMENITY CENTER
WHERE GREATNESS BEGINS!

Meetings and Events Request Form		
Contact Information		
First Name:	Last Name:	
Phone Number:	Email Address:	
Billing Information		
Billing Entity:		
Event Details		
Description of Event:		
Date of Event:	Start Time:	
Target Number of Attendees:	End Time:	
Event Type:	Event Set Up Time:	
Chosen Event Area:	Event Break Down Time:	
Event Logistics		
Is your event's organization a Non-Profit or Government Agency?	Yes	No
Will there be food catered?	Yes	No
Event Equipment		
Audio/Visual Equipment Needed?	Yes	No
If so, what is required?		
Microphone Needed?	Yes	No
	Wireless Handheld	Podium
Is so, which type?		
How many?		
Table/Chairs Needed?	Yes	No
If so, how many of each?	Chairs:	Tables:
Event Personnel		
Do you need Event Setup and Breakdown Services? (min 4 hours)	Yes	No
Do you need Event Cleaning Services? (min 4 hours)	Yes	No

To confirm your booking, please sign below and return to event staff at eventsatjtmac@crossstpartners.com.

 Signature

 Date