BEACON HOTEL
Oswego, NY

Event Details Form

Please have this filled out in detail and returned to the Beacon Hotel within 30 days prior to your event date.

Person of Contact for Event/Occasion: _____ **Guest Amount:** _____

Date of Event: _____ **Time of Event:** _____to_____

Event/Occasion:_____ **Room: Wi-Fi / Banquet / Both**

Services	Persons/Company Info	What is being provided
	who is responsible for these services	*in detail please*
Caterer *Ex. - Restaurant/Individual/Self*	**Name:**	
Time of Arrival:	**Address:**	
	Phone:	
	Email:	
Alcohol- *Inventory/Quantity*	**Name:**	
Time of Arrival:	**Address:**	
	Phone:	
	Email:	
Equipment-	**Name:**	
Ex. - Projector, DVD, IPod/desk, laptop,	**Address:**	
smartboard,computer/extension cord	**Phone:**	
Time of Arrival:	**Email:**	
Entertainment *D.J., Small Band, Etc.*	**Name:**	
Time of Arrival:	**Address:**	
	Phone:	
	Email:	
Transportaion *Ex. - Limo, Bus, Shuttle*	**Name:**	
Time of Arrival:	**Address:**	
	Phone:	
	Email:	

Master of Ceremonies	**Name:**	
Ex.- Pastor, Justice of the Peace, Etc.	**Address:**	
Time of Arrival:	**Phone:**	
	Email:	
Decorator/Florist *Ex. - Local Florist, Self*	**Name:**	
Time of Arrival:	**Address:**	
	Phone:	
	Email:	
Photographer/Videogropher	**Name:**	
Time of Arrival:	**Address:**	
	Phone:	
	Email:	
Hair/Makeup	**Name:**	
Time of Arrival:	**Address:**	
	Phone:	
	Email:	

The Beacon Hotel Oswego NY is not responsible for providing any of the above services nor providing for staffing for your event. This is to provide a guideline to ensure that your event runs smoothly.

Print Name: _____

Signature: _____

Date: _____