

TRINITY CENTER

Additional Information

DUE DATE: _____
 Fax: 252-247-3290 or mail to: Trinity Center, PO Drawer 380, Salter Path NC 28575

GROUP NAME _____
 EVENT DATE _____

Arrival/Check-In

1. Who is your on-site contact person? _____ Phone # _____
 - Estimated time of his/her arrival: _____
 - Will someone from your group be acting as registrar to greet your guests upon arrival? Yes No
 - If yes, Who? _____ Phone# _____
 - Have the majority of your participants been here before? Yes No

2. What time do you expect your guests to arrive (compare to contract)? _____
 - Will they be arriving by BUS INDIVIDUALLY CARPOOLING OTHER
 - Are any overnight guests arriving a night late or departing a night early? YES NO
 - If yes, Explain: _____
 - Total number of overnight guest: _____ Commuters _____

3. Estimated time of group departure (compare to contract): _____

Meals

- Please be specific about numbers for each meal (including commuters). Be sure to indicate if you have any pre-arranged box lunches or cookouts. Mealtimes are served promptly as follows:

Breakfast 8:00am
 Lunch 12:00 noon (12:30pm upon request-*use spaces below*)
 Dinner 6:00pm (6:30 or 7pm on Friday nights upon request)

DAY	BREAKFAST	LUNCH	DINNER
_____	Time _____ # _____	Time _____ # _____	Time _____ # _____
_____	Time _____ # _____	Time _____ # _____	Time _____ # _____
_____	Time _____ # _____	Time _____ # _____	Time _____ # _____
_____	Time _____ # _____	Time _____ # _____	Time _____ # _____
_____	Time _____ # _____	Time _____ # _____	Time _____ # _____
_____	Time _____ # _____	Time _____ # _____	Time _____ # _____

- Special Dietary Needs: _____

Breaks/Socials

- See your Planning Guide for information regarding breaks

DAY	TIME	FOOD AND BEVERAGE REQUESTED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINUED ON REVERSE

