



FUNCTION SPACE REQUEST FORM

Chorus Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

**Due to space constraints, rooms are no longer available by the day.
Rental fees are due with this form. Please make check payable to Midwest Harmony Region 3.**

Rehearsals - \$50 per hour

# of people	Day	Comments (following quartet contest, additional time on Saturday)
	Friday or Saturday	
	Friday or Saturday	
	Friday or Saturday	

Non-Singing Space - \$50 for first 2 hours, \$25 for each additional hour

# of people	Day	Type of Function (make-up room, meeting room, etc.)
	Friday or Saturday	
	Friday or Saturday	
	Friday or Saturday	

Meals - private

# of people	Day	Type of Meal (breakfast, dinner, etc.)
	Friday or Saturday	
	Friday or Saturday	

Please complete the form and return with payment by February 20, 2016, to:
Shelly Hughes
238 Bell Dr
Cary, IL 60013
skhsnoopy@comcast.net

You will be notified of your meeting space location, day and time via email.