



FUNCTION SPACE REQUEST FORM

Chorus Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Rental fees are due with this form. Please make check payable to Midwest Harmony Region 3.

Rehearsals - \$50 per hour

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

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

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

Meals - private (does not include box lunch)

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

Please complete the form and return with payment by January 15, 2019, 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.