



Quail Creek Country Club - 2024

Room Request & Set-Up Form

Phone: 520-393-2961

OFFICE USE ONLY

Completed by: _____

Date completed: _____

Chartered Club: Yes _____ No _____

Is this a Food & Beverage Event: Yes _____ No _____

Club/organization/: _____ Event Name: _____

Room requested: _____ Start date: _____ End date: _____

Set-up time: _____ Start time: _____ End time: _____

Choose one of the following:

_____ One occurrence

_____ Weekly – every (circle one): 1 2 3 4 weeks on _____ (day of the week)

_____ Monthly – on the (circle one): 1st 2nd 3rd 4th LAST _____ (day of the week) every ____ month(s)

Contact person: _____ Phone: _____

E-mail: _____ QC Member Number: _____

I want to receive a copy of my room request when completed via email listed above.

(Contact the Activities or Banquet Department for any Changes in Newly Elected Contact Person)

Number of people attending: _____ (**Chartered Clubs must have 15 people minimum**)

Number of tables needed: ____ ROUNDS or ____ 6FTS (you must provide your own tablecloths for non-food events)

Number of chairs needed: _____

Position of tables/chairs (mark your choice with an X):

No set up needed _____

Boardroom _____

Horseshoe _____

Theater _____ (theater style is **NOT** available in the Gold Room, Silver Rooms, Saguaro & Mesquite Rooms.)

Other _____

Podium _____

Microphone on a stand _____

Cordless microphone _____

Special requests: (Circle the items you need)

DVD, VCR, player, TV, projector, screen, power strip, extension cord, flip chart, easel

Other _____

Food & Beverage details: _____

Contact's signature: _____ Date: _____

Quail Creek Rep's signature: _____ Date: _____

NOTICE

The Banquets and Activities Department will approve this request based on room availability.