

Name of Event:	Proposed Season of Event: Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/>	Proposed Time of Event:
Costume Era or Genre:		
Event Description:		

VENUE DETAILS	
Venue Name	Venue Address
Venue Contact Name	Venue Contact Phone or Email
Deposit Requirements (Please describe in details. e.g. xx % of total rental costs to be paid by month/date/20xx)	
Cancellation and Refund Terms (Please describe in details. e.g. xx % of deposit refundable in full x weeks prior to event date. Last day to cancel event is xx business days prior to event date.)	
Types of Payment Accepted by Venue: Cheque <input type="checkbox"/> Visa/Mastercard <input type="checkbox"/>	Deadline to Submit Number of Attendees (and other applicable details) to Venue: (e.g. xx business days prior to event date)
Min. Number of Attendees Required by Venue	Max. Number of Attendees Allowed by Venue
Parking Information:	Public Transportation:
Nearest Bathroom:	<b>Note: All contracts (e.g. for venue/entertainers) must be signed by the President and reviewed by the Treasurer. Do not enter into any contract or submit payment on behalf of GBACG.</b>

FIXED COSTS		
Item	Total Cost	Detailed Description
Venue/Site Rental	\$	If rental is charged by the hour, please also list venue's hourly rate, the number of hours for the proposed event, and the minimum number of hours required by the venue here:
Site Permit (e.g. for picnics)	\$	Please confirm and describe venue's alcohol policy here (e.g. Is a banquet license required? Corkage fees?):
Decorations (where applicable)	\$	
Entertainers (where applicable)	\$	
Refundable Security Deposit (where applicable)	\$	
Advertising / Photocopies	\$	
	\$	
	\$	

VARIABLE COSTS (PER PERSON)		
Item	Cost per Person	Detailed Description
Venue Cost per person (e.g. food, admissions fee)	\$	
Chair Rental per person (where applicable)	\$	
Table Rental per table (where applicable)	\$	
Linens Rental per person (where applicable)	\$	
Memento for Attendees (where applicable)	\$	
Tax (where applicable)	%	
Gratuity (where applicable)	%	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**Note: Do not include Pay Pal transaction fees. They will be added during the costing process.**

Your Name:		Date:
Contact Phone(s):	Your Email Address:	

**Email this form to:** GBACG Events Coordinator at [events@gbacg.org](mailto:events@gbacg.org),  
**or mail to:** GBACG, P.O. Box 192121, San Francisco, CA 94119.

**Need help?** Please contact the GBACG Events Coordinator via email.

**Refund and Transfer Policies:**

GBACG tickets are non-refundable but transferable with advance notice to the Events Coordinator. Not all events will have waitlists. Wait listing is subjected to the discretion of the Events Coordinator. Tickets are non-transferable for sold-out events and will be assigned by waitlist priority.