



SONS of NORWAY

LODGE MEMBER MEAL EVENT REQUEST

Name of Event: _____

Event Date(s) & Time(s): _____

Event Lead (Primary Contact) Name: _____

Contact Phone: _____ Contact Email: _____

Additional Event Lead Name: _____

Contact Phone: _____ Contact Email: _____

TYPE OF EVENT:

- Regular Friday Night Dinner Special Themed Friday Night Dinner
 Cultural Meal/Event Other _____

Please provide details about the event (e.g. menu, alcohol, theme, etc.) that will be helpful in planning:

Location(s) of the Event: Marine Room Viking Room Trolls' Den
 Norse Room Other: _____

Do you want publicity? YES NO

Please attach any additional details that will be helpful in the decision-making process.

Please submit completed form to the Poulsbo Sons of Norway Office Manager

For Office Use Only

Approved Denied Reason: _____

Authorized by: _____

FSC Representative / Office Manager

Date