



SONS of NORWAY

90 DAY – LODGE 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: _____

Reason/Goal for the event:

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

Will alcohol be involved? YES NO Will food be served? YES NO

Please provide details about the alcohol/food plan that will be helpful in planning:

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

Office Mgr - Date Received: _____ Publicity – Review Date: _____
 VRC - Review Date: _____ Bar Manager - Review Date: _____
 Board – Review Date: _____
 Approved Denied Reason: _____