



Party Proposal Form

Fax completed form to:

Name: _____

Title: _____

Organization: _____

Phone: _____

Fax: _____

Email: _____

Web Site: _____

Are you a non profit organization or educational facility? Yes No

Budget for Event: _____

Reason for Event: _____

First Choice Date of Event: _____

Second Choice Date of Event: _____

Hours and Length of Event: _____ to _____ Total Hours _____

Number of estimated guests: _____

Live Music Rental: Yes No

Catering

Open Bar: Yes No

Appetizers: Yes No

Dinner: Yes No

How did you hear about Legends? _____

Purchasing Buddy Guy CDs or Legend's Merchandise? Yes No