



RFP WORKSHEET

Today's Date: _____

Organization Name: _____

Contact: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____

Email: _____

Purpose of Event: _____

Guest Room Requirements:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Dates							
# Singles							
# Doubles							
# Suites							
Total Needs							

Function Room / F&B Requirements:

Date	Time	Function	# PPL	Set-up	AV

Additional Needs:

Have you had this event here in the past? Date(s): _____

Do you need a property site tour? Preferred Date: _____ Time: _____

Airport transportation necessary? Date(s): _____ Time(s): _____

Golf Tee Times / Spa Reservations necessary?

Date(s): _____ Time(s): _____

Target Budget: _____

RFP Due Date: _____

Decision Date: _____