



Goodale Park Shelterhouse

120 West Goodale Blvd.

*Please complete and return: Fax:(614) 645-0686 or Email: crpdentalconfirmation@columbus.gov

Name: _____ Date of Event: _____
 Event Type: _____ Time of Event: _____ to _____
 # of Guests: _____ (Maximum Occupancy: 75)
 Alcohol Being Served: YES ___ NO ___ If Yes, Approved Beverage Contractor: _____

of Tables for Seating: _____ # of Chairs Per Table: _____
 Head Table: 0 ___ 1 ___ 2 ___ # of Chairs at Head Table: _____
 Buffet/Food Tables: 0 ___ 1 ___ 2 ___ 3 ___
 Gift Table: YES ___ NO ___ Cake Table: YES ___ NO ___
 Bar Table: 0 ___ 1 ___ 2 ___

***Table Sizes:**
 8' x 2.5' Banquet Style (15 Available)

Additional Tables (for example; DJ, Sign-In, Beverage, Hors D'oeuvre, etc.)

*If you want to provide an example of how you would like your tables setup, please sketch in on the diagram below. We will do our best to accommodate but may need to adjust accordingly to allow for maximum efficiency. If no sketch is submitted, we will setup the facility according to event type and the information provided above.

Additional Helpful Information: _____

