

# Fraternl Order of Eagles Event Booking Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
          First Name                      MI                      Last Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Are both people in the wedding party of legal drinking age? Yes \_\_\_ No \_\_\_

Additional Contact Person: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date of Booking: \_\_\_\_\_