

# Hearts of Miromar

## SPECIAL EVENT RESERVATIONS

Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reservation for Month of: \_\_\_\_\_

Reservation for (Name of Event): \_\_\_\_\_

Require Alternative Meal: \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Alternate Meals? \_\_\_\_\_

Name of Guests / Notes (Please list first and last name of any Guest(s) AND if someone requires an alternate meal, if specific meals have been offered please add name and specify alternate meal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Total Event Cost (include all guests in amount): \$ \_\_\_\_\_

Please multiply the cost of the event with the number of guests to enter your payment amount

Enclosed is Check # \_\_\_\_\_ Dated \_\_\_\_\_

**Please submit by mail *or* drop off to red basket  
At the Chairman listed for the Special Event  
In the Weekly Update  
Email [heartsofmiromar@gmail.com](mailto:heartsofmiromar@gmail.com)  
*If you have any questions regarding who should receive this form***