

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

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

Set up Time \_\_\_\_\_

Party Time \_\_\_\_\_

# of People \_\_\_\_\_

# Dorothy B. Oven

## Park

### Floor Plan

Wedding Location: \_\_\_\_\_

Rental Co: \_\_\_\_\_

Will Alcohol Be Served? \_\_\_\_ Yes \_\_\_\_ No

Is Coffee Required? \_\_\_\_ Yes \_\_\_\_ No

Will a Tent be Used? \_\_\_\_ Yes \_\_\_\_ No

