

Please fill out the request for proposal below and e-mail to info@doublehead.com.

Date proposal must b	e received:		
Name of Business, Gr	oup or Organization:		
Contact Name:			
Billing Address:			
E-mail:	Pho	ne:	Fax:
Type of Event, Meetir	ng or Function:		
Meeting-Event-Funct	ion Name:		
Event Information:			
Arrival Date:	Departure	Date:	Are these dates flexible:
What are your alterna	ate dates, if any?		
	rements – Please note: Meetis s in the attendance may neces		
Requested set-up for 1	meeting room:		
A/V, Business Service	s and other requirements: Se	e special services document fo	or options
	Please note: Doublehead Resonse refer to catering menu for		notice prior to each event to
Special services, trans	sportation, recreation, etc, - So	ee special services document f	for options
Lodging - Three bedr	oom cottages only		
Date of arrival:	# of nights:	# of cottages needed:	special needs: