Chamberlain Student Ballroom CUSTOM
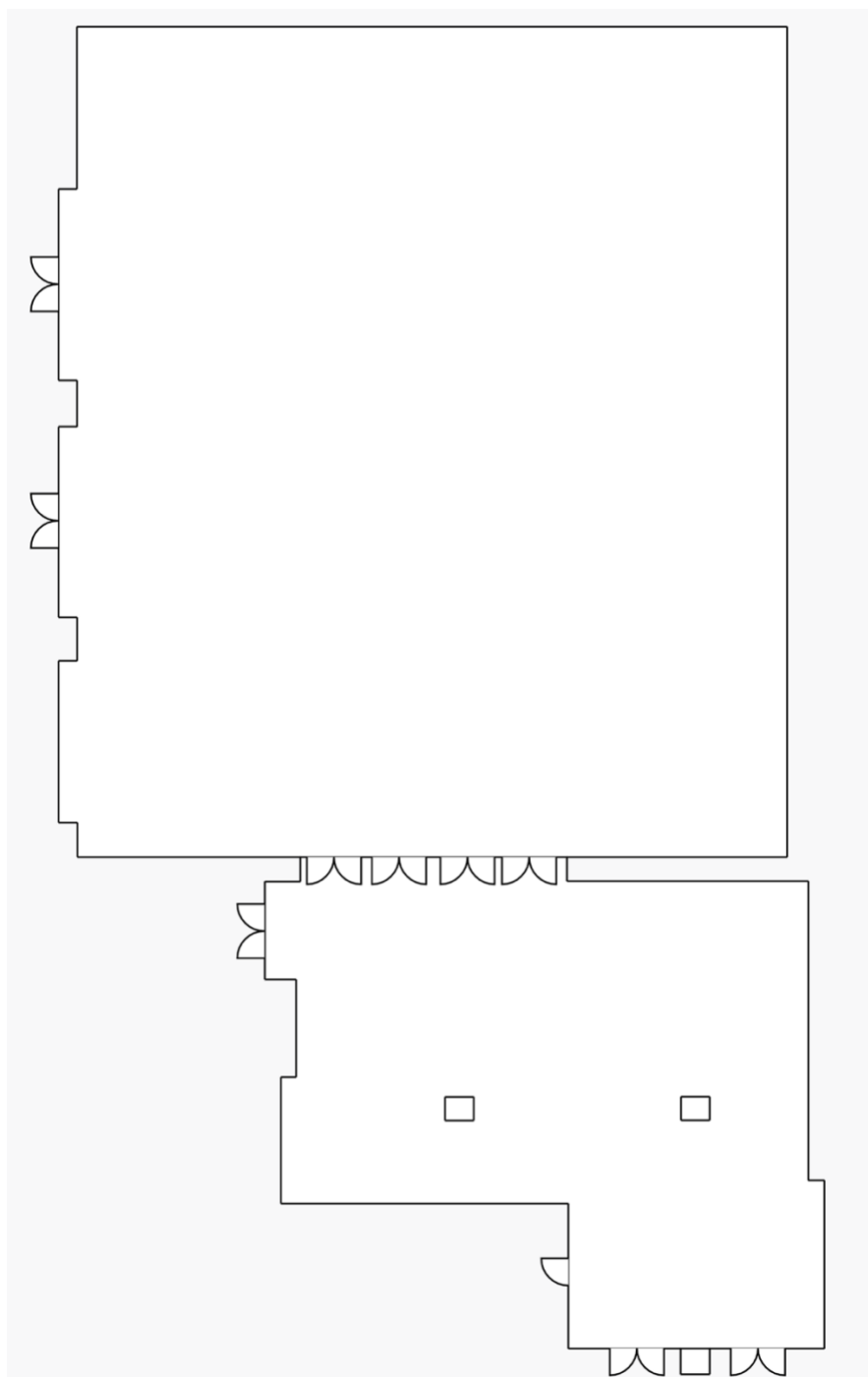
Event Name:_____   Event Date:_____

Event Start Time:_____   Organization:_____

Event End Time:_____   Event Contact Name:_____

X = Chair

☐ = Table

◯ = Table

Number of Chairs____

Number of Tables ____