RINCON OF THE SEAS
GRAND CARIBBEAN HOTEL

ROOMS AND BANQUETS LEAD FORM

Today's Date:

Time:

Event Dates:

Event Name:

Company Name:

Contact Name:

Address:

Phone:

Mobile:

Fax:

Email:

Rooms Info

Number of Rooms:

Arrival Date:

Departure Date:

Type Of Rooms:
□Single □ Double

Billing

Room and Tax:
□Individual □Master

Incidentals:
□Individual □Master

Reservations:
□Individual □Rooming List

History

Date: Hotel:

Competition

Hotel: Rate:

Day One: **Date:**

Number of People: _____
Room: □ Meeting Room □ Ballroom
Set Up: □ Banquet □ School □ Theater
□ Breakfast
□ Coffee Break (Morning)
□ Lunch_____ Buffet _____Plated
□ Coffee Break (afternoon)
□ Dinner _____ Buffet _____Plated
□ Audiovisuals

Day Two: **Date:**

Number of People: _____
Room: □ Meeting Room □ Ballroom
Set Up: □ Banquet □ School □ Theater
□ Breakfast
□ Coffee Break (Morning)
□ Lunch_____ Buffet _____Plated
□ Coffee Break (afternoon)
□ Dinner _____ Buffet _____Plated
□ Audiovisuals

Day Three: **Date:**

Number of People: _____
Room: □ Meeting Room □ Ballroom
Set Up: □ Banquet □ School □ Theater
□ Breakfast
□ Coffee Break (Morning)
□ Lunch_____ Buffet _____Plated
□ Coffee Break (afternoon)
□ Dinner _____ Buffet _____Plated
□ Audiovisuals

Other functions or Services:
□ Welcome Reception – Cocktails – Hors D'Oeuvres
□ Live Music □ DJ □ Karaoke
□ Team Building Games
□ Stage □ Dancing Floor
Audiovisual Equipment:
□ Big Screen □ Microphone □ LCD Proyector □ Podium & Sound

C = convention
M = meeting
W = wedding **
B = banquet only
R = rooms only
O = Other
**use wedding form

v. 2004.01