



# CALLAGHAN COUNTRY

*Routes of wilderness*

**Event Planning Form**

**Fax to 604.932.6659**

Account Name

Contact Name

Email

Phone

Street Address

City

Province/State

Country

Postal/Zip Code:

Please indicate the type of function.

- Business Meeting or Day Retreat
- Overnight Retreat
- Incentive Program
- Private Dining
- Wedding
- Commercial Film or Photography Shoot
- Special Event
- Other



Please indicate the nature of your group.

Leisure

Incentive

Corporate

Film

Arrival Date

Length of Stay

night(s)

Number in Party

Accommodation Style

Standard - Twin

Solitude Suite - 2 Guests

Standard - Queen

Solitude Suite - 4 to 6 Guests

Superior - Queen

Please indicate the dates and times that you will require function space.

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Set-up requirements;

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Please let us know of any additional comments or requirements you may have.

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**Thank you – please fax your completed form to 604.932.6659.**

We will contact you shortly to discuss your request.

