



## *Inquiry Sheet*

---

Company Name:

---

Contact Name:

---

Address:

---

Phone:

Fax:

---

Email:

---

Date of Event

---

Type of event

---

No. of guests

Time of Event

### **Room Set up:**

Classroom

U shape

Theatre

Banquet

Hollow Square

---

Food & Beverage needed?

Hotel Rooms needed?

**Fax or email your inquiry to  
Crossroads Sales Department.**

Fax: 616-656-7778

Email: [ruth@crossroadsbanquet.com](mailto:ruth@crossroadsbanquet.com)