

SOUTH FLORIDA AREA 15 HOST DISTRICT REVIEW SHEET

Host District _____ Quarterly Dates _____
Quarterly Chair _____ Phone Number _____ Email _____
Quarterly CoChair _____ Phone Number _____ Email _____
Hotel Liaison _____ Phone Number _____ Email _____
Registration _____ Phone Number _____ Email _____
Hospitality _____ Phone Number _____ Email _____
Program _____ Phone Number _____ Email _____
Banquet _____ Phone Number _____ Email _____

Host Hotel (Name & City) _____
Room Rates: Single/Double _____ Triple _____ Quad _____ Other _____

Rooms Blocked: Friday _____ Saturday _____ Total Blocked _____

Rooms Used: Friday _____ Saturday _____ Total Used _____

% of Block Required _____ # Days Pre/# Days Post _____ Comp. Rooms 1 per: _____

Breakout Rooms _____ Locked Room Available? _____ Boardroom Available? _____

Hospitality Suite Available? _____ Hospitality Cleaning Charge? \$ _____ AV Charge \$ _____

Ballroom Splits into # _____ Meeting Rooms. Ballroom seats # _____ in rounds of _____

Food and Beverage Obligation: \$ _____ Total Paid \$ _____ Dinners Guaranteed to Hotel _____

Cut off date/time for Banquet confirmation _____ # of Tickets Sold _____

Your Cost for Dinners \$ _____ Ticket Price for Dinners \$ _____

Box Lunch Price (if needed): Saturday \$ _____ Sunday \$ _____ # Sold _____

Boxed lunches needed for every April Quarterly and voting Assembly in October of even numbered years.

Coffee: How many gallons were comp/purchased _____ Cost per gallon \$ _____ inclusive.

Gallons used: Friday _____ Sat _____ Sun _____ Allowed to brew own coffee _____ How many gallons _____

Overflow Hotel (Name & Distance to Host) _____

Room Rates: Single/Double _____ Triple _____ Quad _____ Other _____

Rooms Blocked: Friday _____ Saturday _____ Total Blocked _____ (Overflow).

Rooms Used: Friday _____ Saturday _____ Total Used _____ (Overflow).

Recorder: Name, email & Phone # _____

Expenses for Speakers _____

Collection Basket: Friday \$ _____ Saturday \$ _____ Sunday \$ _____ Hospitality Basket \$ _____

Total Registered _____ Friday _____ Saturday _____ Sunday _____ Voting Members _____

Expenses for Printing/Additional Badges/ Misc. Expenses _____

Comments for the next Quarterly Chairperson: _____

Please give completed form to the Quarterly Coordinator as soon as possible at the end of your Quarterly.
Also please email a copy to Quarterly@area15aa.org.