



Please fill out this form and sign and date it at linen pick-up time.

Group name: _____

Contact person #1 Name: _____

Phone: _____

Email: _____

Contact person #2 Name

Phone

Email: _____

Call to schedule date:

Staff Initials/date

Pick up linens date:

Staff Initials/date

Event date:

Staff Initials/date

Return linens date:

Staff Initials/date

How many rectangles? _____

What color? _____

How many rounds? _____

What color? _____

How many napkins? _____

What color? _____

**We recommend taking more napkins that your projected number of attendees*

Borrower's signature

Date

