



Campo di Bocce of Los Gatos and Campo di Bocce of Livermore

BENEFIT WEEK REQUEST FORM

Name of School or Organization

Benefitting Organization Tax ID Number

Requested Location for Benefit (circle one)

Los Gatos

Livermore

Requested Week (Monday through Sunday) for Benefit

Address (check will be mailed to this address)

Contact Person

Contact Phone Number

Contact Email Address

TO RESERVE YOUR BENEFIT WEEK AT
OUR LOS GATOS LOCATION,
PLEASE SUBMIT THIS INFORMATION TO
CASSIE LEBARON

P: (408) 395-7650 F: (408) 384-5005
Email: Accounting-LG@CampodiBocce.com

TO RESERVE YOUR BENEFIT WEEK AT
OUR LIVERMORE LOCATION,
PLEASE SUBMIT THIS INFORMATION TO
THE EVENTS DEPARTMENT

P: (925) 249-9800 F: (925) 249-9804
Email: Rebecka@CampodiBocce.com

-----**FOR CDB USE ONLY**-----

Date Confirmed: _____ Week Reserved: _____ Booked By: _____

Notes: _____

Total Number of Guest Tickets: _____ Total Applicable Sales: \$ _____

Benefit Check Amount: \$ _____ Date Check Mailed: _____