

SCA – Vilku Urvas Potential Sites Information

Member Completing Report: _____ Date: _____

| | |
|---------------------|-------------|
| Name of Site: | |
| Contact Person (s): | |
| Address: | |
| Phone Number: | Fax Number: |

| | |
|--|---|
| Prepayment Required: YES <input type="checkbox"/> NO <input type="checkbox"/> Amount: | Custodial Fee Required: YES <input type="checkbox"/> NO <input type="checkbox"/> Amount: |
| Merchant Fee: | Table/Chair Available Table Number: _____ Fee: _____ Chair Number: _____ Fee: _____ |

Handicap Accessibility: (describe)

Outside Space Available:

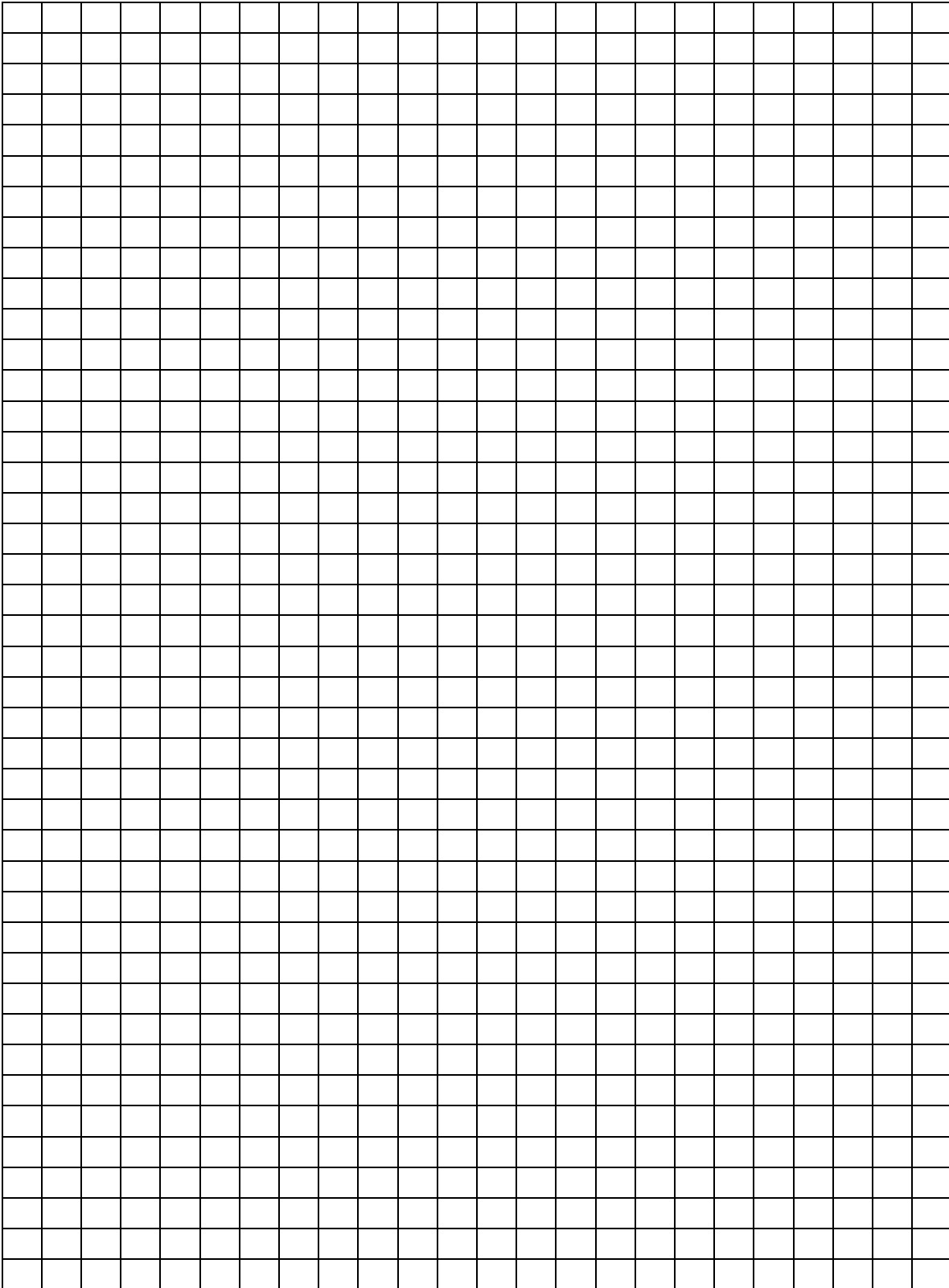
KITCHEN

| | |
|---|--------------------|
| Available for Use: YES <input type="checkbox"/> NO <input type="checkbox"/> | Cost: |
| Site staff required: | |
| Electricity available: YES <input type="checkbox"/> NO <input type="checkbox"/> | Number of outlets: |
| Comments/Restrictions: | |

EQUIPMENT AVAILABLE FOR USE

| Item | Yes | No | Size | Number |
|----------------------|-----|----|------|--------|
| Oven | | | | |
| Cooktop/Burners | | | | |
| Grill | | | | |
| Fryer | | | | |
| Microwave | | | | |
| Food Processor | | | | |
| Blender | | | | |
| Crock Pot | | | | |
| Toaster | | | | |
| Nesco Cooker/Roaster | | | | |
| Coffee Maker | | | | |
| Teapot | | | | |
| Refrigerator | | | | |
| Freezer | | | | |
| Sink | | | | |
| Dishwasher | | | | |
| Pots/Pans | | | | |
| Bowls | | | | |
| Platters | | | | |
| Utensils | | | | |
| Counters | | | | |
| Worktables | | | | |
| Kitchen island | | | | |
| Cutting Boards | | | | |
| Other: | | | | |
| | | | | |
| | | | | |

KITCHEN FLOOR PLAN:



Armored Combat Room/Area:

| | | |
|------------------------|-------|-------|
| Room/Area Name: | | Size: |
| Ceiling Height: | Cost: | |
| Comments/Restrictions: | | |

Other Available Rooms:

| | | |
|------------------------|-----------|-------|
| Room Name: | | Size: |
| Ceiling Height: | Capacity: | Cost: |
| Comments/Restrictions: | | |

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|------------------------|-----------|-------|
| Room Name: | | Size: |
| Ceiling Height: | Capacity: | Cost: |
| Comments/Restrictions: | | |

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|------------------------|-----------|-------|
| Room Name: | | Size: |
| Ceiling Height: | Capacity: | Cost: |
| Comments/Restrictions: | | |

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| | | |
|------------------------|-----------|-------|
| Room Name: | | Size: |
| Ceiling Height: | Capacity: | Cost: |
| Comments/Restrictions: | | |