

Akron Council of PTAs Table Request Form

*This form does not guarantee availability.

**Email the filled out form or in a general email include all the below needed information to acpta.tables@gmail.com

***You will receive a confirmation for this request. If you have not received confirmation within 48 hours for the table order, please contact Tables Co-chairperson, Beth Stanley at 330-819-6257 (you may leave a message for her to contact you).

Today's Date: _____

Person Ordering (Contact Name): _____

Contact Phone Number: _____

Name of Event: _____

Event Date: _____

Number of tables needed: _____

Location of event: _____

Are you a PTA/PTSA, Part of APS, or other Business?

Billing Information - Name and Address: (Must have; NA is not acceptable)

Bill to:

Name: _____

Address: _____

City: (if different than Akron) _____

Zip: _____

Tables Invoice Chair Only

Confirmation:

_____ Scheduled with Buildings and Grounds

Deliver on _____ Pick Up on _____

Charge: _____ Tables @ \$ _____ = \$ _____

Invoice Sent on: _____ Received PO# (if applicable): _____

Payment Received on: _____ Deposit Date: _____ ACPTA Receipt Slip #: CT- _____

Deposit Invoice: 20_____.20_____.TAB D#: _____