



EVENT CENTER RESERVATION APPLICATION

Contact Date: _____

Contact Information

Client(s)/Organization: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ email: _____

Event Details

Brief Description of Event / Program: _____

Event Date(s): _____ Room Requested: _____

Event Time: _____ Set Up Time: _____ Take Down Time: _____

Attendance Estimate: _____ Were Any Fees Waived by City Council? If yes, please list: _____

FOR OFFICE USE ONLY

Room Rate (Full/Half)		Catering: Plate \$ _____ # _____	
Kitchen (Full/Half)		Cash Bar or Open Bar	
Set Up Fee		Table Cloths	
Take Down/Cleaning Fee		Cloth Napkins	
Other _____		TOTAL BILL	\$

- Rental Agreement Sent (date) _____
- Rental Agreement Returned (date) _____
- Deposit Collected (date) _____
- Receipt emailed or given to customer
- Follow Up email Sent with Event Details
- Balance Paid (date) _____

- Receipt emailed or given to customer
- Event Completed
- AR turned in to City Office
- Final Receipts Sent to Client
- Thank You email/Card Sent
- Event Report Turned In to Office

Set Up Staff: _____

Event Staff: _____

Additional Information: _____
