

Meeting Room Reservation Form - 2019

Date of reservation requested: _____ Recurring Event? Y ___ N ___ Time: _____

Date taken: _____ Employee: _____

Contact information:

Name: _____

Phone: _____ E-Mail: _____

Type of Activity:

Business meeting, Independent Consultant etc. Name of business _____

\$25 per hour reservation fee per reserved date.

As well as a \$25.00 deposit to hold and reserve the date. A credit of \$25.00 will be applied to the ticket during the event.

*****Non-Profit** Name of Org. _____

*** \$25.00 deposit to hold and reserve the date. A credit will be applied to the ticket during the event.

*****Personal use**, birthday, shower, Bible study, book club etc.

Name _____

***\$25.00 deposit to hold and reserve the date. A credit will be applied to the ticket during the event.

****How many persons**** _____ **actual** or **estimated** (circle one)

**If less than 6 persons are using the room, a fee of \$25.00 in addition to the \$25.00 deposit to hold and reserve the date. A Credit will be applied to the ticket during the event

NO OUTSIDE FOOD OR DRINK ALLOWED OF ANY KIND

***Your \$25.00 deposit will be forfeited for any **cancellation** within **5 days** of the event.

Customer Agrees to our terms by signing below. We reserve the right to make changes due to unforeseen circumstances.

Planning to order food for your event? Yes / No (circle one)

Special Food Order form completed - Yes / No (circle one)

Total amount Paid in advance : _____ **Paid** (circle one) Yes / No

Print Name: _____

Signature: _____ **Date:** _____