



The Creative House Reservation Form

DAY / DATE OF EVENT: _____ TODAY'S DATE: _____

HOURS OF EVENTS _____ (excluding set up)

ESTIMATED ATTENDANCE _____ PUBLIC OR PRIVATE _____

LOCATION/ROOMS: GALLERY__ LOUNGE__ COVE__

User/Organizat ion Name: _____

Contact Person / Title: _____

Telephone: _____ Email: _____

Cell: _____ Fax: _____

Street Add ress: _____

City / State _____

Zipcode: _____

The following information must be completed to hold reservation:

Please provide a detailed description of the program: _____

Room set up requirements (Tables, chairs, podium, riser, etc.)

(*please note upon approval of event, a 50% deposit and signed contract may be required to reserve your date.)