



## 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: \_\_\_\_\_

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

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