



Train Depot Event Request Form

PLEASE PRINT:

Name/Organization : _____

Address: _____

City and State: _____

Phone _____ e-mail: _____

Current Patron: yes _____ no _____ If no, payment of \$350 to become a patron is due prior to signing contract

Type of Event: Wedding _____ Rehearsal Dinner _____ Meeting _____

Other(describe) _____

Estimated No. of Guests: _____

Areas to be utilized: Depot building _____ Garden _____ Tent Y / N

Type of music: Live band _____ DJ _____ Other _____

Note: Noise Restrictions Apply, No amplified music allowed outside

Event planner: yes___ no___ If so, name _____

Event Date / Time: _____

Set-up date/time: _____ Take-down date/time: _____

Time-blocks requested:

_____ 9am-4pm half-day block(s) @ \$ _____ \$ _____

_____ 3pm-10pm half-day block(s) @ \$ _____ \$ _____

_____ 24hr block 10am-10am @ \$ _____ \$ _____

Security Deposit (refundable - due with signed contract) \$ _____

Total due \$ _____

Will alcohol be served? Yes _____ No _____ (If yes, please see requirements outlined in contract)

Building Key (24hr block only): Yes ____ No ____ If so, by whom? _____

CHECKLIST - To be completed by Historical Society:

User _____ **Event date** _____

Contract provided to User on (date) _____

Receive signed contract (date) _____

Insurance Waiver received (if applicable) (date) _____

Fees and Deposit (Amount/ Date Received/ Method of Payment)

Patronage (if not a current patron) \$350 / _____ / _____

Usage Fees: _____ / _____ / _____

Refundable Security Deposit: _____ / _____ / _____

Keys are to be given out for 24-hour events only

Key – Given to client or event coordinator _____ / _____

Key – Returned to CHS (date) _____

Cleared premises on-time yes _____ no _____ If no, when _____

Inspection of premises:

No loss or damages noted _____

Security deposit returned in full _____

Following damages found: _____

Security deposit not returned in full - client notified with amount and reason(s):

The Charlevoix Historical Society will make copies of all checks and insurance waivers and attach the copies to this file. *Credit card information is to be destroyed after deposit refunded or additional amount charged.*

Credit card on file: upon signing of contract, take credit card number:

Visa / Mastercard

Name on card: _____

No. _____ expiration date: _____

3-digit # _____