Train Depot Event Request Form

PLEASE PRINT:

Name/Organization: ________________________________________________________________

Address:________________________________________________________________________

City and State:___________________________________________________________________

Phone__________________________________ e-mail:_ _________________________________

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

Type of Event:  Wedding _______ Rehearsal Dinner _______ Meeting _______

Other(describe)________________________________________________________________

Estimated No. of Guests: ___________ (Capacity: approx. 80, more if using Garden)

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 / Start time and estimated end time: _________________________________

Set-up date/time: _____________________ Take-down date/time: ________________

Fees:

Sun - Thursday  $__________

Friday - Saturday  $__________

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 # ________