

HELPER AUDITORIUM RESERVATION

_____ TOP FLOOR

_____ BOTTOM FLOOR

_____ KITCHEN

_____ FUNERAL DINNER

_____ COUNCIL ROOM

Name: _____

Address: _____

Contact Phone Numbers: _____

Date of Event: _____

Type of Event _____

Time of Event: _____ to _____

Approximately How Many Attending: _____

Arrangement of table and chairs: _____
(Banquet style, Buffet style, Meeting, Etc.)

Total Cost: _____
(Date)

1/2 of rental deposit and damage deposit fee of \$500.00 required to hold date for reservation. Payment in full due 30 days prior to event, no refund due unless cancellation is made at least 30 days in advance of reservation date.

Deposit: _____
(Date)

Signature of Person Responsible _____
(Date)

OFFICE USE ONLY:

KEY ISSUED: _____
(SIGNATURE) (DATE)

KEY RETURNED _____
(CITY EMPLOYEE) (DATE)