

Andrews House Room Request

Non-profit organizations

Thank you for your interest in Andrews House. To guarantee your reservation, please fill out the information below and return this form, along with a \$20 non-refundable deposit.

An invoice will be mailed prior to your event.

Send to: **ANDREWS HOUSE • 39 W. WINTER ST. • DELAWARE, OH 43015**

Date(s) requesting: _____ Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Purpose of room rental: _____

Anticipated number attending: Adults _____ Youth _____ Children _____

Time of event: Beginning time: _____ Ending time: _____

Set up will begin at: _____ Clean up will end at: _____

(Billing time will include the total amount of time that the room(s) will not be available to other parties)

Room(s) requesting:

___ Great Room (\$17.75/hour)

___ Nicely Room (\$12.50/hour)

___ Dining Room (\$17.75/hour)

___ Kitchen (\$14.50/hour)

Additional Needs

___ Chairs: # needed: _____

___ DVD/VCR/TV

___ Tables: Round (seat 6)

___ Easel

___ Long (seat 3-5)

___ Dry erase board

___ Coffee Service Equipment

___ Flip chart

Caterer (Name & address) _____

Liability Insurance Policy & Holder Number (if applicable) _____

I have read the room rental information brochure. I understand that I am responsible for set-up, clean-up, and any damage that I or my group cause in the building or on the grounds, and that I will be assessed an additional fee for not doing so.

Signed _____ Date _____

For Office Use:

Deposit Amount: _____

Date Received: _____

Scheduled: _____

Notes: _____
