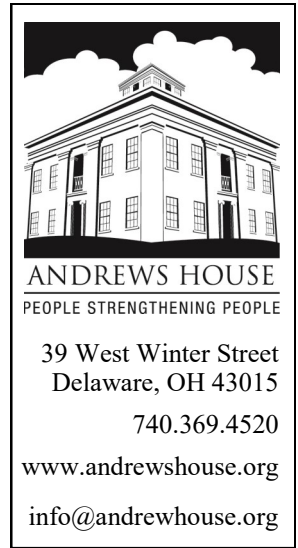


# PRIVATE EVENT REQUEST FORM

Thank you for your interest in Andrews House, a 501c3 non-profit help-giving community center. 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.



**Date(s) requesting:** \_\_\_\_\_

**Name or Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Anticipated number attending:** Adults: \_\_\_\_\_ Children: \_\_\_\_\_

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

Set up will begin at: \_\_\_\_\_ Clean up will end at: \_\_\_\_\_

Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_

**Room(s) requested:**

Great Room & Dining Room (\$50/hour)  Nicely Room (Small Conference Room) (\$20/hour)

Kitchen Only (\$25/hour) (\$20 flat fee when renting other rooms)

**Please note: This is a self-service rental. You are responsible for your own set-up and clean-up. Please return the space to how it was found prior to your arrival.**

**Liability Insurance Policy & Holder Number** \_\_\_\_\_

Events of 40 or more people and those serving alcohol are required to secure a liability certificate naming Andrews House as an **ADDITIONAL INSURED**.

*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** \_\_\_\_\_

**Would you like to receive our newsletter?**  Yes  No

## EMERGENCY PHONE NUMBERS:

If your event is held during non-business hours and there is an Emergency situation, please call one of the following:

Mel Corroto: 740-971-3489  
Shelly Emans 740-957-4402

## For Office Use:

Deposit Amount: \_\_\_\_\_  
Date Received: \_\_\_\_\_