



EVENT BOOKING

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code _____ Telephone: _____

Email Address: _____

Billing Procedure:

Credit Card: _____ Check: _____ Cash: _____ P.O. # _____

Credit Card Number: _____ Exp. _____

Date of Booking: _____ Day of Function: _____

Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Number of Guests: _____

Conference Room: _____

Dry Arena: _____

Birthday or other Party: _____ Member/ Non-Member

Meeting: _____ Commercial

Non-Profit

4 hour: _____

8 hour: _____

Deposit is rental fee payable at the time of booking or within 72 hours of booking to reserve the space. Exceptional destruction will result in additional billing. You are not permitted to hang any signage with nails or any adhesives other than masking tape.

Additional Set-up requirements:

Set-up Style:

Theater: _____

Class Room: _____

U-Shape: _____

Rectangle: _____

** A.V. Requirements:

TV/VCR/DVD: _____ Fee: _____

Dry Erase Board: _____ Fee: _____

Overhead: _____ Fee: _____

Other: _____ Fee: _____

*** Additional charges may be required for A.V. rental or other provisions.*

Total Fees:

Deposit: _____

Room Rental: _____

Other Rental Fees: _____

A.V. Rental Fees: _____

Total Payment: _____

The space indicated will be held for use by the above renter unless cancelled in writing by the group contact. The Hallett Community Center must receive any such cancellation at least 7 days prior to the scheduled event in order to avoid a cancellation charge equal to the room rental fee. Your signature indicates your approval of the time, date(s), all fees and requirements of your event booking:

Accepted by: _____ Date: _____

HCC Representative: _____ Date: _____

470 8th St. N.E. Crosby, MN 56441 218.546.2616 Fax: 218.546.2662 www.hallettcenter.com

Office Use Only

Date Received : _____ Deposit Received: _____ Scheduled: _____ Invoice: _____ Payment Received: _____