



EVENT BOOKING FORM

Organization: _____

Contact Person: _____

Address: _____

Telephone: _____ Email Address: _____

Billing Procedure: Credit Card _____ Check _____ Cash _____ Invoice _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____ Zip Code: _____

Date of Booking: _____ Date of Function: _____

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

Number of Guests: _____

Birthday or other Party: _____

Pool: _____ Waterslide: _____

Member / Non-Member

Meeting Room: _____

Commercial / Non-Profit

Dry Arena: _____

4 Hour / 8 Hour

The rental fee is to be paid at the time of booking or within 72 hours of booking to reserve the space. Any cancellation of seven (7) days or greater from the event may be refunded in full. Any cancellation three (3) to six (6) days before the event may be refunded half the amount. Any cancellation made two (2) or fewer days before the event will not be refunded and may not be able to be rescheduled.

Exceptional destruction will result in additional billing.

Total Fees:

Room Rental: _____

Other Rental Fees: _____

Tax: _____

Total Payment: _____

I have read and understand, the event booking policy and all associated requirements and charges. I am aware of the setup and tear down times and I am taking full responsibility to pay for any damages, or neglect in accordance to what the Hallett Center of Crosby has set forth. Your signature indicates your approval of the time, date(s), all fees and requirements of your event booking:

Renter's Signature: _____ Date: _____

HCC Representative: _____ Date: _____

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

Office Use Only

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