NON-PROFIT 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:	ANDREWS HOUSE PEOPLE STRENGTHENING PEOPLE
Organization:	37 West Willer Street
Address:	
Phone: Email:	www.andrewshouse.org
Purpose :	info@andrewhouse.org
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 Room(s) requesting:	ll not be available to other parties)
Great Room (\$17.75/hour) Kitchen (\$14.50/hr kitchen only, \$	15 flat fee when renting other rooms)
Dining Room (\$17.75/hour) Nicely Room (\$12.50/hour)	
Additional items available at no charge: Chairs: 83 available 5 Tables: rectangular,	4' x 2"
6 Tables: round, 48" (seat 6) Dry erase board	
2 Tables: round, 54" (seat 8) Coffee service equipm	ent
10 Tables: rectangular, 6' x 2.5" (seat 8) *DVD/VCR/TV	
Items available for an additional charge:	
* Projector/Screen (\$5/hr –max. \$25/day)	
*Please let us know if you will need these items for y	our event.
Liability Insurance Policy & Holder Number Some events may require the addition of Andrews House to the insurance policy for the I understand that I am responsible for set-up, clean-up, and any damage that I or my gr grounds, and that I will be assessed an additional fee for not doing so.	
EMERGENCY PHONE NUMBERS:	
an Emergency situation, please call one of the following:	or Office Use: eposit Amount:
Taylor Quinn: 614-519-5682 Mel Corroto: 740-971-3489 Liz Bowman: 740-815-2783	ate Received:

Signed_

Date_