PRIVATE EVENT REQUEST FORM

Taylor Quinn:

Mel Corroto:

Liz Bowman:

614-519-5682

740-971-3489

740-815-2783

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. *Please note: there is a \$100 minimum on weddings and wedding rehearsals.*

						ANDREWS HOUSE	
Date(s) requesting:						PEOPLE STRENGTHENING PEOPLE	
Name:						39 West Winter Street	
Organization:							
						Delaware, OH 43015	
Address:						740.369.4520	
						www.andrewshouse.org	
Phone: Email:						info@andrewhouse.org	
Purpose :							
Anticipated number attending: Adults			outh	Children			
Time of event: Begin	nning time:	. Er	nding time: _				
Set u	p will begin at:	CI	ean up will	end at:			
(Billin	ng time will include the tot	al amour	nt of time the	at the room(s)	will not be ava	ilable to other parties)	
Room(s) requesting:							
Great Room (\$24.50/hour)					then only, \$20 f	lat fee when renting other	
Dining Dean	(COA 50/b a.m.)		rooms	,	\		
Dining Room	1 (\$24.50/Nour)		_ Nicely R	oom (\$19/hou	r)		
Additional items avail	•						
Chairs: 83 available			*DVD/VCR/TV				
6 Tables: round, 48" (seat 6)			Dry erase board				
2 Tables: round, 54" (seat 8) Coffee service equipment							
	s: rectangular, 6' x 2.5" (s : rectangular, 4' x 2"	eat 8)					
	_						
Items available for an	_	may ¢2	E/dov)				
Project	tor/Screen (\$5/hr –r		• .	noco itomo fo	or vour ovent		
Liability Insurance Polic Some events may require I understand that I am re- grounds, and that I will be	the addition of Andrews sponsible for set-up, clear	House to	the insurai	nce policy for	the event.	n the building or on the	
EMERGENCY PHONE NUMBERS:				Γ	F 000		
If your event is held during an Emergency situation, p			For Office Us Deposit Amoun Date Received:	t:			

Signed