

The Marianna

Event Application

Event Date: _____
Day of Week Month Day Year

Event Type: _____
(i.e. Wedding Ceremony, Reception, Rehearsal Dinner, Corporate Party, Auction, Craft Fair, etc.)

Event Name: _____
(i.e. Brides Name/Grooms Name, Company Name, etc.)

Event Guests: _____ Caterer: _____
Approximate # of People

Event Times: Preparation Time _____ to _____
Actual Event Time _____ to _____
Cleanup/Depart _____ to _____ Out of Building _____

Event Fees (Office Use Only):

Security Deposit	\$ _____	Amount Due Upon Submittal	\$ _____
Rental Deposit	\$ _____	Final Amount Due (__/__/__)	\$ _____
Alcohol Deposit	\$ _____ (for open bar)		
Full Rental Fee	\$ _____		

Event Contact: _____
(Person signing contract) Name Title (Bride, Mother of Bride, Groom, Manager, etc.)

Address City State Zip Code

Home Phone Mobile Phone Work Phone

Fax Email

Alternate Contact: _____
(Person coordinating event; must not be bride or groom or any member of wedding party) Title

Home Phone Mobile Phone Work Phone

Fax Email

Event Notes (Office Use Only): _____

(Please remit checks to: The Marianna)