

- Community Room
- 2nd Fl Conference Rm
- Board Room

For Office Use Only:
 Total Amt:\$ _____
 Check #: _____
 Date: _____
 Deposit Rec'd? _____
 Refunded _____

RESERVATION APPLICATION

Information (must be filled out completely to confirm reservation):

Event Date _____ Event Time: From: _____ To: _____
 *** (IMPORTANT: Include Preparation/Clean Up Time) ***

Description of Event: _____
 _____ # Attendees _____

Will you need to use any of the Center's audio visual equipment? Yes
 If yes, please explain and list on back. No

**Please list on back any decorations, additional equipment or furnishings
 you will be bringing for your event.**

Member Name: _____

Mailing Address: _____

City, State Zip: _____

Phone Number: _____

Email: _____

Are you sponsoring this event for a non-member? Yes No

If yes, please note below the contact information for the non-member.

Non-Member Name _____

Address _____

City, State Zip _____

Contact Phone _____

Email (if applicable) _____

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If you will be using audio visual equipment provided by the Association Center, please list below the equipment you will need, using the list on Page 8 of the policy:

Please list here any interior/exterior decorations, additional furnishings or equipment you will be bringing to your event or other comments of which we should be aware.

Important: Please indicate who will be in charge of the event on site (this person must be over 21 years of age).

Contact Name: _____

Address: _____

Phone: _____

Please return this completed form, the signed reservation agreement form, and check with room fee to:

Rachel Lewis, Association Manager
PO Box 3030, BHI, NC 28461

Checks should be made out to Bald Head Association, and must be received within 30 days of the date of invoice to hold the reservation (or prior to the event, whichever date comes first).