## **The Pavilion Inquiry Form**

\*Form must be completed in full before contract approval\*

Event Date:	Licensee Name:			
Licensee address:				
Licensee Phone Number:		Email:		
Type of Event:	Event Start Time	Event End Time	# Of Attende	ees:
Will Food be served for eve	nt			
Will Alcoholic Beverages be	available for Atten	dees at the event _		
Security personnel may be requestrice, number of attendees, townership. If the determination licensee at the time of the contractions.	ime of day) of The Pav n confirms security pe	vilion and with the fina	al determination ma	ade by the
☐ I understand, acknowledge	and agree to the securi	ty personnel provisions f	or use The Pavilion.	
A government issued ID and major provided will be charged \$1.00 and the event at all times.	· ·	• •		• •
☐ I understand, acknowledge	and agree to the ID and	l Credit Card requiremen	ts for use the Fox The	ater Event Center.
References are required prior to the				rfeit the contract &
offerings unless waived by owners				
1. Professional Reference  Name:		2. Professional Reference  Name:		
Business/Organization:		Business/Organization:		
Phone:				
Relationship:		Relationship: _		
*Rent: \$135/Hr. with a min. of 4	lHr (\$540.00) 8Hr	or more \$800.00/day		
Cleaning Deposit: \$500.00 Co	mes with (6) 6' Round	Tables and 60 Chairs		
Ext	ra Tables = \$10ea Extra	a Chairs = \$1ea Linens =	= \$10ea	
Licensee Signature			Date	
			Date Received	Corporate Initials