



Staff Member Receiving Request: _____ Today's Date: _____

RESERVATION FORM

This information will be used to book your event and generate your contract. Please complete this entire form and return it to the VCCC. If you need assistance, please don't hesitate to call our office. **Facility reservations are guaranteed by deposits only.**

Primary Contact Person: _____

Reservation Date Requested: (1) _____ (2) _____ (3) _____

Name of Event (for room signage): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____ Mobile #: _____

Email address: _____

Meeting Times: Arrive: _____ Event Start: _____ End: _____ Depart: _____

(All room rentals are for 12 hours, not to exceed 12:00 am. If additional time is needed, a \$200/hr rate will be applied.)

Maximum attendance _____ Room(s) Requested: _____

Food: Approved Caterer _____

(Food brought in from the outside is prohibited.)

Alcohol: Will alcohol be served? _____ Will alcohol be sold? _____

Event/Wedding Planner: _____ Florist: _____

Type of Entertainment (Band, D J, House Music, etc.): _____

Entertainment's Name: _____ Phone #: _____

CONSENT: I, _____ Consent to my picture(s) being used for any form of media for the Vidalia Conference & Convention Center. This may include magazines, newspapers, television, website, and any other form of media to be decided at the discretion of VCCC.

COMMENTS: _____

If you would like to reserve the entire Facility to ensure that you are the only booking, please specify above. If you do not specify, then it is very likely that another event could be booked in other meeting areas on your reservation date.

Acknowledged and Agreed to:

CLIENT/DATE

VCCC STAFF MEMBER/DATE

REGENIA FLEMING, FACILITY DIRECTOR/DATE