



**AMPHITHEATER RESERVATION FORM**

**Staff Member Receiving Request:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

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.

Primary Contact Person: \_\_\_\_\_

Reservation Date Requested: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Name of Event: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Meeting Times: Arrive: \_\_\_\_\_ Event Start: \_\_\_\_\_ End: \_\_\_\_\_ Depart: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Food: YES or NO Vendors: YES or NO

**Insurance: Clients must produce a copy of a Liability Policy for \$1,000,000.00 listing City of Vidalia as a Co-Insurer.**

**Rental Fee: \$300.00 (Includes water and electricity....Client must provide Portable Toilets)**

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

COMMENTS: \_\_\_\_\_

**Acknowledged and Agreed:**

\_\_\_\_\_  
**Client / Date**

\_\_\_\_\_  
**VCCC Staff Member / Date**

\_\_\_\_\_  
**Regenia Fleming, Facility Director**