

▼Norse Hall▼ Event Request Form

Contact: _____

Event Date: _____

Organization: _____

Billing Address: _____
(Number & Street) (City, State, Zip)

Phone: _____ Fax: _____ E-mail: _____
Bus. # _____ Cell: _____

Member Affiliate Member

Room(s): Grand Ballroom Nordic Room/Kitchen
 Oslo Bar & Lounge Library/Kitchen
 Main Kitchen Lodge Room
 Lower Dining Room

Event Type: Private Public
 Breakfast Lunch Dinner Reception Conference
 Other _____
 Estimated # of Guests: _____

Event Title: _____

Event Start Time: _____ End: _____

Norse Hall Equipment to be used: Tables: _____ Chairs: _____
Other: _____

Special Requests: _____

Total Site Fee: _____ Cleaning/Damage Deposit pd _____
50% Deposit: _____ 50% Rental Fee pd _____
Cleaning/Damage Deposit: _____ Balance Due _____
(20% site fee + \$100.00)
Misc. Charges/Flag Removal: _____
Security Services: _____
Contract Estimate: _____
(Estimate expires after 30 days)

Client Approval: Client Initials: _____ Date: _____
(A signed contract, deposits and Insurance Certs. will confirm rental)

-----Norse Hall Use Only-----

Vendors: Contract Recv'd ___/___/___ Insurance Certs Recv'd ___/___/___

