

Town of Jarratt

Council Meeting Room/Johns Manville Clubhouse

Reservation Form

I, the undersigned, have read and understand the rental policies attached. I will adhere to the policies and conditions throughout my event.

Signature of this form and the rental fee will ensure your arrangements.

Signature of party responsible for event Date

Organization/Individual: _____

Date(s) needed: _____

Purpose/Type of Event: _____

THE BUILDING IS NOT AVAILABLE PRIOR TO 8:00 A. M. (Special request may be granted).

Hours of Event: _____ (am/pm) to _____ (am/pm)

Plan to serve alcohol ___ yes ___ no

Ticketed Event ___ yes ___ no

Estimated Number of Participants: _____

Contact Name: _____

Address: _____

Daytime Phone Number: _____ Cell: _____

Email Address: _____

For questions contact Judy Houchins, (434) 535-8865

jarrattva@telpage.net

Full Day Rental _____ Extra Day(s) _____ ½ Day Rental _____

Clubhouse One Day Rental _____ Clubhouse Two Day Rental _____

Total Amount Owed \$ _____

Rental Fee Paid \$ _____ Date _____ Clerk Initial _____

Security Deposit Paid \$ _____ Date _____ Clerk Initial _____