

Rental Add-Ons _____

Number of Guests _____



BROWN OAKS

Event Booking Information

Contact _____ Rental Date/s _____
Day & Date

Address _____ Contact Phone _____

_____ Alt# _____

Email _____ Rental Period _____

(1/2 day, full day, 1 1/2 day, 2 days, 2 1/2 days)
(Hourly: 1 hour extra, 2 hour photo)

Type of Event _____

Rental Space: _____ House _____ Lawn _____ Carriage House _____ Restroom

Rental Fee \$ _____ Security Deposit \$200 Total Due \$ _____

Down Payment \$ _____ (1/2 total rental fee + \$200 Security Deposit)

Date Paid _____ Payment Type _____

Final Payment \$ _____ DUE BY _____

Date Paid _____ Payment Type _____

Checks Written to: Brown Oaks/City of Summersville

Mailing Address: Brown Oaks/City of Summersville, P.O. Box 525, Summersville, WV 26651

Security Deposit: \$200 - \$ _____ = \$ _____ Amount Returned \$ _____
(assessed damages or extra hours of use)

Name _____ Returned Date _____

Address _____

_____ (Date Received)

Certificate of Liability Insurance (if serving alcohol) ****due 30 days prior to event*** _____

Special Needs and Notes

- _____
- _____

Pre-Event Inspection _____ Date _____

Post-Event Inspection _____ Date _____

Renters Initials _____



NON-PROFIT BOOKING

Number of Guests _____

BROWN OAKS

Event Booking Information

Name _____ Use Date _____
Entity or Organization Day & Date

Contact Person _____ Contact Phone _____

E-mail _____

Type of Event _____ Use Period _____
(Award Ceremony, Board Meeting, City Function, Club Meeting, Concert, Open House, Reception, Seminar, Picnic, Workshop) (1/2 day, full day, 1 1/2days, 2 days) (Hourly - 1 hour extra, 2 hours)

Use of Space: _____ House _____ Lawn _____ Carriage House _____ Restroom

Contract Signed:

Date _____

Damage: All broken, damaged or missing items will be charged to the entity or organization at its full replacement cost.

Certificate of Liability Insurance (if serving alcohol) ****due 30 days prior to event*** _____
(Date)

Special Needs and Notes

- _____
- _____
- _____

House Opened: Time _____ Date _____ By _____

House Closed: Time _____ Date _____ By _____

Pre-Event Inspection _____ Date _____

Post-Event Inspection _____ Date _____

Contact Person's Initials _____