



River Lodge Conference Center Application to Reserve

1800 Riverwalk Drive, Fortuna CA 95540

Phone 707-725-7572 Fax 707-725-7575 www.riverlodgeconferencecenter.com

*Name / Organization Name	*Contact Person	*Phone	*Cell
*Email	*Billing Address		*Fax
*Type of Event	*Day of Week <i>Circle</i> Sun. Mon. Tues. Weds. Thurs. Fri. Sat.		*Date of Event
Event Time _____ to _____	Set Up Time	Departure Time	Non Profit Y or N If Yes # _____ IRS Code 501 (c)
*Facility Request: <i>Circle</i> Fireside Room Coho Room Chinook Room Steelhead Room Entire Facility Wedding Kitchen Y or N	Caterer if Applicable _____ TBD Is your Caterer Providing Linen If Applicable Y or N Comments: _____ _____ _____		Audio/Visual Requests TBD _____ _____ _____ _____ _____ _____
*Attendance _____ (approx.) Are you renting items from an outside company Y or N If Yes, Explain _____ _____ _____ _____	Is there an admission fee for this event? Y or N Is there Alcohol Being Served At Your Event Y or N Is Alcohol Being Sold Y or N If Yes, By Whom _____		*Would you like your public event posted on our website calendar of events? YES NO Contact # _____ PLEASE PROVIDE FLYER/LINK/INFO For Information Only Call# _____
Room Set Up –Please Provide Details _____ _____ <i>*Please share with us how you found</i> out about our facility. Website___Word of Mouth___ Phonebook___ Other _____ Thank you!			

Please Note* A reservation deposit of \$200.00 (\$500 for Wedding Package and events with 150 + attendees, and where alcohol is being served) is required with this signed Agreement. If cancellation occurs and the River Lodge is **able** to re-rent the facility you will be reimbursed your deposit, less a \$100 (\$250 -150+ w /alcohol Wedding) processing fee. If the River Lodge is **unable** to re-rent the facility, you will forfeit your deposit in its entirety. If no deposit is on file, LESSEE will be invoiced.

The City requires proof of insurance with the minimum coverage set by the City's Risk Manager. (Also stated in the Rental Agreement)
Office Use Only

Date Application Received _____	Deposit _____	Staff Initial _____
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Please fill in all * areas at the time of application.
All other information can be left blank and updated at a later date.