

# Natchitoches Events Center

## Reservation Form

750 Second Street

Natchitoches, Louisiana 71457

Phone (318) 238-7500 Fax (318) 238-7514

This information will be used to book your event and generate your contract. Please complete this entire form and return to the Natchitoches Events Center. If you need assistance, please do not hesitate to call.

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

Person or Organization Sponsoring Event: \_\_\_\_\_

Name of Event (for room signage): \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Reservation Date(s) Requested: \_\_\_\_\_

Meeting Times: Arrive: \_\_\_\_\_ Event Start: \_\_\_\_\_ Event End: \_\_\_\_\_ Depart: \_\_\_\_\_  
(All room rentals are for up to 12 hours. All events must conclude by 12:30 a.m. in accordance with the facility curfew.)

Estimated Attendance: \_\_\_\_\_ Room(s) Requested: \_\_\_\_\_

Food: Yes \_\_\_\_\_ No \_\_\_\_\_ Approved caterer(s) you will be using: \_\_\_\_\_

Alcohol: Yes \_\_\_\_\_ No \_\_\_\_\_ Approved caterer(s) you will be using: \_\_\_\_\_

Event/Wedding Planner: \_\_\_\_\_ Florist: \_\_\_\_\_

Band/DJ: \_\_\_\_\_ Organization Tax Exempt: Yes No

Please provide a detailed description of your event (required): \_\_\_\_\_

**Please note that a 25 percent reservation deposit is non-refundable with no exception.** If the reservation deposit has not been made and another event requests the date held by this reservation form, you will be notified and given 24 hours to place your deposit on the room to continue holding the date. Please contact the Natchitoches Events Center at (318) 238-7500 if you have questions or concerns.

*\*\*If you would like to reserve the Entire Facility to ensure that you are the only booking in the facility, please specify above. If you do not specify, it is very likely that another event could be booked in other meeting areas on your reservation date. \*\**

*This institution is an equal opportunity provider and employer*

As a recipient of USDA funding, the Federal Government requests the following information be completed for the purpose of monitoring compliance with federal statutes that prohibit discrimination. Please check one of the following in each category.

**Race:**

American Indian or Alaska Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

**Ethnicity:**

Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Not Latino \_\_\_\_\_

**Gender:**

Male \_\_\_\_\_  
Female \_\_\_\_\_

Acknowledged and Agreed to \_\_\_\_\_

Signature of Authorized Client Representative

Date \_\_\_\_\_