

The Natchitoches Events Center

Reservation Form

750 Second Street

Natchitoches, La 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 12 hours, not to exceed 12:30 a.m. If additional time is needed, a \$25 hourly rate will be applied.)

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: _____

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. ***

If additional meeting space is needed after the contract has been signed, a new Reservation Form must be submitted and a new contract will be issued

Acknowledged and Agreed to _____
Signature of Authorized Client Representative

Date _____