



SWEETWATER DEPOT

PRIMARY CONTACT INFORMATION

NAME _____ NAME OF ORGANIZATION _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

EVENT INFORMATION

DATE OF EVENT _____ NUMBER OF GUESTS _____

EVENT TYPE _____

VENUE INFORMATION

RUN OF THE HOUSE _____

EDISON-FORD DINING _____

MONDAY-THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

WILL YOU NEED TO USE OUR SOUND EQUIPMENT? YES / NO

WILL YOU BE HAVING A LIVE BAND OR DJ? BAND / DJ

WILL YOUR EVENT BE CATERED? YES / NO

WILL YOUR EVENT NEED CHAIRS? YES / NO

WILL YOUR EVENT NEED TABLES? YES / NO

BAR INFORMATION

WILL ALCOHOL BE SERVED AT YOUR EVENT? YES / NO

BEER _____

LIQUOR _____

WINE _____