



RESERVATION FORM

Information on this form will be used by Main Street Staff and City Officials to keep in contact with the presenter. The entries will be used to determine availability, assess rental needs, and estimate cost.

Organization: _____

Primary Contact: _____

Title (i.e. Director, Program Manager, Coordinator, Etc.): _____

Organization Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Contact Telephone: (____) _____ **Secondary:** (____) _____

Email: _____

Office Use Only	
Date Contacted:	_____
Office Contact:	_____
Date Deposit Paid:	_____ Ck# _____
Date Final Pmt.:	_____ Ck # _____

EVENT INFORMATION

Dates Requested:			
*Type of event:			
Doors:	*we suggest one hour before show*	Start time:	
		Yes	No
		# Needed	
Microphones @ \$5 each x amount needed			
The Baby Grand Piano @ \$150 per day			
Projection System @\$100 per day			
Rehearsals w/out sound tech @\$200 per day			
Rehearsals w/sound tech @\$400 per day			
OFFICE USE ONLY			
*Rental Fee:			
Rehearsals:			
Cleaning Fee (multiple day use):			
Add-Ons:			
TOTAL:			
<i>Please make checks payable to City of Toccoa and mail to: Main Street Toccoa PO Box 579 Toccoa, GA 30577</i>			