



HARTMAN Poured CANDLE STUDIO

# PRIVATE EVENT BOOKING FORM

HOST NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EVENT TYPE \_\_\_\_\_

EVENT DATE REQUESTED \_\_\_\_\_

ALTERNATE DATE (OPTIONAL) \_\_\_\_\_

EVENT TIME \_\_\_\_\_

ESTIMATED GUEST COUNT \_\_\_\_\_

VENUE LOCATION (IF OFF-SITE) \_\_\_\_\_

SPECIAL REQUESTS OR NOTES \_\_\_\_\_

DEPOSIT AMOUNT (IF APPLICABLE) \_\_\_\_\_

DEPOSIT PAID DATE (IF APPLICABLE) \_\_\_\_\_