

Alcovy Conservation Center Rental Reservation Request Form

Please complete the following information to determine availability and request a rate quote. A rental agreement will be sent to you for your review and signature. At least \$100 deposit is required to guarantee your reservation. Email completed form to accounts@gwf.org

Name of visiting group:

Conta	act person:				
Contact Number:			_ Email:		
Maili	ng address:				
Street				City St	ate Zip
PLEASE ENTER EACH DATE AND SPACE REQUEST ON SEPARATE LINES.					
	Date Requested	Day of Week	Time Requested	Space(s) Requested	* Lodging**
	*Space(s) requested	l d: Elliott-Wharton C	l Conference Center, Mc	<u>l</u> Collum Seminar Roon	l n, Rithmire Classroom,
Wet Lab, Tupelo Pavilion					
**Lodging: Cochran House and/or Turner Cabin					
Type of Event: Number in party/group:					
Food	and/or beverages in ro	oom: No Yes			
Coffee Requested: No Yes (if yes, extra charge of \$1 per person)					
Caterer, if applicable:					