

CALLANWOLDE RENTAL OR USE APPLICATION

980 Briarcliff Road NE, Atlanta, GA 30306

Phone: 404-872-5338 Fax: 404-872-5175

Day and Date Requested _____

Rehearsal Date Requested (if applicable) _____ Day _____ Time _____

Actual Arrival Time of Guests _____ Ending Time _____ Number of Guests _____

Note: Event ending time cannot exceed 11:00pm

Event for the benefit of (Bride/Groom, Fundraiser, etc.) _____

Name of Renter _____

Address _____ Email address _____

City, State, Zip _____

Telephone: (Work) _____ (Home) _____ (Cell) _____

EVENT TYPE

Check one Ceremony and Reception ___ Ceremony only ___ Reception only ___ Corporate ___
Check one Seated meal ___ Seated buffet ___ Cocktails ___ Meeting space ___
Check one Filming ___ Theme party ___ Prom ___ Breakfast ___ Meeting ___

Corporate Contact _____ Phone _____

Wedding Coordinator _____ Phone _____

Caterer _____ Phone _____

Florist _____ Phone _____

Band/DJ _____ Phone _____

Photographer _____ Phone _____

Videographer _____ Phone _____

ROOM(S) REQUESTED

Great Hall ___ Courtyard ___ Dining Room ___ Library ___
Front Terrace ___ Sam Goldman Retreat ___ Dressing Room(s) ___ (available after 4pm Saturdays)

REQUEST USE OF

Upright piano ___ Grand Piano (Courtyard only) ___ Organ ___ (\$150 additional charge)
Organist fee NOT included

Will alcohol be sold? ___ Yes ___ No

Will admission be charged? ___ Yes ___ No

Liability Insurance is required for all private rentals. Do you wish to purchase insurance through Callanwolde? _____

Your Insurance Company _____ Policy Number _____

Type of Insurance _____ Agency Name _____ Telephone _____

Comments _____

A returnable damage/contract compliance deposit of \$500 is required of all rentals. This deposit is due along with final payment for the rental. The fee will be returned all or in part within 30 days of rental conclusion.

I understand I am only applying for a date to rent Callanwolde. Submitting an application and deposit does not, in any manner, imply confirmation of my requested date. Confirmation will be in written form from the Executive Director or Rental Manager of Callanwolde. I also understand that the rental deposit (enclosed with the application) is non-refundable once the application is approved for rental. I agree to comply with all Callanwolde house rules.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

MASTER ACCOUNT FEE DEPOSIT BALANCE CONFIRM
