

Annex Event Center Reservation Form

Date of Event: _____

Date Reserved: _____

Name of Client (s) _____

Address: _____

Phone #: _____

Alternative Phone #: _____

Cell #: _____

Deposit: _____

Final Payment Amount: _____

Final Payment Due Date: _____

Event Start Time: _____

Event End Time: _____

Reception after wedding – Ceremony time: _____

Number of Guests: _____

Caterer: _____

Caterer provided serving staff and table clearing: Yes/No

Pre Paid Bar: _____ Pay as you go Bar: _____

Client Signature

Annex Event Center - Jannie L. Coyne

www.annexevenuecenter.com

(719)276-0911

Location: 507 Main Street

Mailing Address: P.O. Box 288

Canon City, Colorado 81215-0288