

DICKINSON HOUSE

Oglesby, IL 61348

ROOM RESERVATION APPLICATION

Reserve the _____ room for _____ (date)

Purpose: Shower _____ Birthday _____ Reunion _____ Holiday _____ Other _____

Number of persons expected _____

Block 1 _____ Block 2 _____ Both _____ Wedding/Reception _____

Bowling time: _____ AM/PM to _____ AM/PM

Alcohol _____ *Office - Liability Coverage* _____

Inflatable Bounce House _____ *Office - Liability Coverage* _____

Person making application, who will be responsible for the group:

NAME _____

ADDRESS _____

CITY _____ STATE & ZIP _____

PHONE # _____ CELL # _____

Signature of applicant _____

Application Date _____

Office use only: