

Orchard House Application / Wedding Checklist

188 Carson Street

P.O. Box 536

Genoa, NV 89411

Phone: 775 783-8070

Fax: 775 392-0642

Today's Date: _____ Wedding Date: _____

Day of the week: _____ Time of Ceremony: _____ Marriage License Obtained: _____

Bride's Name: _____ Email: _____

Address: _____

Phone No.: _____ Work: _____ Cell: _____

Groom's Name: _____ Email: _____

Address: _____

Phone No. _____ Work: _____ Cell: _____

Location of wedding, if not here: _____

Reception Begin & End Time: _____ No. of Guests: _____

Expected No. of Hours for the Wedding: _____ Reception: _____

Name of Wedding Consultant: _____ Phone: _____

Person Performing the Ceremony: _____ Phone: _____

Rehearsal Dinner or Set Up Time: _____ to _____ No. of Guests: _____

Preference of set up day & time: _____

Expected No. of Hours for the Rehearsal Dinner and/or Set Up: _____

Need to use of our kitchen? _____ Add'l charge for the use of the kitchen: _____

Who will set up? _____ Phone No.: _____

Who will clean up? _____ Phone No.: _____

Caterer's Name: _____ Phone No. _____

Number of Tables: _____ Preferred Location (s) _____ Gift Table & Location: _____

Servers: _____ Bartenders: _____ Who Provides Them? _____ Phone: _____

Cake By: _____ Phone No.: _____ Delivery Time: _____

Cake Location and Set Up Preferences: _____

Photographer: _____ Phone No. _____ Arrival Time: _____

Transportation/Limousine/Carriage Arrangements: _____

Music to be provided by: _____ Phone No. _____ Arrival Time: _____

Please Note: Music must end by **9:30 p.m.** and the volume moderated as not to disturb neighbors.

Location preference for musicians/DJ: _____

Electrical Power Requirements: _____

No. of Tables: _____ Style: _____ Type of Linens: _____

Wedding Colors: _____ Color of Linens: _____

No. of Chairs: _____ Style/Color: _____

No. of Pop Up Tents: _____ Other type: _____

Dance Floor: _____ Type: _____ Desired Location: _____

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Rental Company: _____ Phone No. _____

Person to Contact: _____

Portable Restrooms are required. A minimum of two units are required for groups up to 100 and an additional unit is required for each additional 50 guests.

Portable Restroom Company: _____ Number of units ordered: _____

List of the items to be provided by the Orchard House:

Parking for your guests can be around the perimeter of the property outside the fences and around the block. We prefer that your vendors enter the property only to drop off and pick up items, or others with elderly guests, etc. Rental furniture or other items for the event can be dropped off in advance of the event, just have the vendor contact us for arrangements.

We provide lined garbage cans for the trash. **Please have your caterer (or others) empty the cans as needed and remove all trash at the end of the evening.** We also provide abalone shells for your guests to use for ashtrays as well as buckets with sand. Please inform your guests to use these instead of putting the butts on the ground.

Please do not use Mylar confetti for your decorations.... this confetti is extremely difficult to remove from the grass and gravel areas.

We want to make your special day just that.... very special and everything you want it to be. Please let us know if you have ANY questions or requests.

The rental fee is \$5,000, which entitles you to up to 3 days use of the Orchard House grounds. A non-refundable deposit equal to Fifty percent of the estimated total charge is due at the time of booking and the remaining 50% plus the cleaning/breakage fee is due at least one month before the date of the event.

Total facility fee estimated for this wedding/reception: _____ Date: _____

Non-Refundable Deposit Amount Received: _____ Date: _____ Method of Payment: _____

(50% of the total estimated facility fee)

Balance Amount Due (which includes \$250.00 refundable cleaning / breakage deposit): _____

Date Due: _____ (One month prior to the event) Date Received: _____

General Liability Insurance - Minimum of \$500,000.00 is required. This is usually available through your homeowner's insurance at a nominal fee or free.

Certificate of Insurance Received: _____ Date: Received: _____

Signature(s) of Applicants: _____ Date: _____

_____ Date: _____

Additional Information: (such as Parent's names and phone numbers, others helping) _____

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Additional Information/Notes/Questions/Concerns/Requests/Phone Calls/Visits:

Date: _____

Rental Agreement Signed and Copies issued to the bride/groom? _____ Date: _____