

We appreciate your interest in booking events at the Craneway Pavilion. The more information you provide about your event, the more accurate our pricing and availability information will be. Please email your completed form to events@craneway.com. Thanks.

Host				
Company Name: First Name: Email Address:		Last Name:		
Phone: Address:		Alt. Phone:		
City:		State:	Zip:	
Event specs				
Event Name:				
Event type:	□ Public □ Pri	ivate		
Event host:	□ Company	☐ Event Plann	er 🗆 Individual	
Non-Profit?:	□ Yes □ No			
Event Budget:				
# of Guests:	_		_	
Space Needed:	□ 15,000 sq ft□ 30,000 sq ft□ 45,000 sq ft□ Additional Conference space/Break-out Rooms□ Boat dock			
Event Date: mm/dd/yy				
Flexibility?:	□ No, I need t	hat date	☐ Yes, I have a backu	p date
Alternative Dates: mm/dd/yy	/			
Event time:	Start Time:		End Time:	
Load In?:	□ Yes □ No		Load Out?: ☐ Yes ☐ N	No
Catering:	 □ Buffet □Sit Down □ Hors D' Oeuvres □ Specialty □ No Catering □ Outside Caterer 			
Bar Service:	□ No Alcohol□ Hosted bar-□ Cash bar- gu		n- Alcoholic beverages sted bar- beer & wine ecialty	=
Amenities:	□ I-LED Video□ Stage□ Lighting (in a	Screen		-
	☐ Attendants	□ Valet	□ Other	
Where did you hear about us	s?:		Referred by:	
Additional Comments:				