

EXHIBIT "B"
MARINA VILLAGE EVENT DETAILS FORM

Please complete and return this form to Marina Village no later than 30 days prior to event date

CLIENT NAME: _____

DATE OF EVENT: _____

ROOM (AND/OR) LAWN: _____

5 HOUR EVENT TIME: _____

CEREMONY START TIME (IF APPLICABLE): _____

WILL YOU BE EXTENDING YOUR PARTY BEYOND FIVE HOURS? Y [] N []
(OPTIONAL, BUT NOT TO EXCEED MIDNIGHT) **HOW MANY?** _____

HAVE YOU COMPLETED THE VENDOR CONTACT FORM AND SUBMITTED A CERTIFICATE OF LIABILITY INSURANCE FOR EACH OF YOUR VENDORS?
Y [] N [] *(If you have, thank you. If you haven't, please do so.)*

MARINA VILLAGE SHOULD MAKE DAMAGE DEPOSIT CHECK PAYABLE TO:

NAME: _____

ADDRESS: _____

CLIENT SIGNATURE: _____ **DATE:** _____

MARINA VILLAGE STAFF SIGNATURE: _____

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You may send this form via mail to: **MARINA VILLAGE**
1936 Quivira Way
San Diego, CA 92109

You may send this form via fax to: **619-222-0634**

Please call ahead if you will be sending this via email. 619-222-1620