

# 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:

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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: \_\_\_\_\_