



Your big day is right around the corner!

In order to make sure you are fully prepared for our upcoming meeting, please review the following information. It is important that you take care of all these details now because as we get closer to your date you will have lots of details to attend to!

- 1- **Review your menu.** It may have been a while since you have looked over your menu and it is a good idea to give yourself a refresher. If you know what you want, great! Go ahead and mark off your choices, if not, no worries, I can help guide you through this. Have you thought about adding any special touches? This is a perfect time to talk about that lounge decor or many of the other fabulous additions- have a budget in mind for the “extras” and your banquet manager will put together the perfect package for you! (you can browse all of the upgrades in a separate attachment)
- 2- **Vendors.** Make a list with all of your vendors (DJ, photographer, etc) including the best phone number for day of contact. Use the attached worksheet for this
- 3- **Introduction sheet** Your DJ/Band will also provide you with something similar. Please use the attached worksheet to help your maitre’d organize your guests for your introduction.
- 4- **Smoke waiver** Please sign and date the attached waiver from the fire marshal about our smoke policy
- 5- **Outdoor waiver** This only applies to you if you are contracted for an outdoor cocktail hour. The top portion of this will need to be signed and dated. If you choose to have your cocktail hour outside and CHCC suggests to be moved inside due to weather, you will be asked to sign the bottom portion.

Please bring the following items to our meeting:

- Copy of your invitation
- Menu choices/ questions
- Signed smoke & outdoor waivers
- Vendor information (Also include certificate of insurance if you have hired an outside vendor)
- Anything extra we should know about? (casino games? Photobooth? Change of Dress?)
- Approximate headcount (How many adults, kids, vendors?)
- Special requests for menu (Gluten free? Kosher? Vegetarian? Allergies?)



Vendor Worksheet

Client Name: _____

Date & Time of Event: _____

Type of Event: _____

Vendor	Company Name	Contact Name & Phone	If outside vendor-Insurance received	CHCC arrival Time
Florist				
Entertainment				
Photography				
Video				
Limo				
Clergy				
Ceremony Music				
Hotels				
OTHER				



Pyrotechnics / Smoke Waiver Effective September 2nd, 2022

As per the Nassau County Fire Marshal

Dear Crest Hollow Country Club Client,

Please be advised that pyrotechnics of any type including indoor sparklers, smokeless sparklers, cold spark machines and any open flame displays have been prohibited in Nassau County.

As per Nassau County Fire Commission Office of the Fire Marshal "pyrotechnic displays and open flames devices in assembly are not permitted inside any building in Nassau County unless the requirements of section 26.3 of the Nassau County Fire Prevention Ordinance." (Section 26.3)

Dry ice fog machines are allowed for indoor use on our premises, however fluid-based fog and smoke machines are not permitted in accordance with Nassau County Fire Marshal.

Please sign below, indicating that you understand and will comply with the Fire Marshal's directive and enforcement of the regulations mentioned above for your upcoming event. These machines will not be accepted into the building without any exceptions.

Thank you for your cooperation,

CHCC Management

Today's Date: _____

Client Signature: _____

Print Name: _____



Ceremony worksheet

Brides Parents: _____

Grooms Parents: _____

Brides Maids & Ushers

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Maid/Matron of Honor & Best Man

Flower Girl & Ring Bearer

Bride & Groom

Mr & Mrs _____

Bride will walk down the aisle with: _____

Groom will walk down the aisle with: _____

Will any grandparents or other guests walk down the aisle? If so, who _____

Clergy to perform ceremony: (Name & contact) _____



In the dining room...

Will the bridal party & parents be introduced? If yes, is it the same order as the ceremony?

Blessing/ Prayer? Yes / No, if yes, by who: _____

Toasts: Yes/ No, if yes, by who: _____

First Dance: Yes/ No, if yes, Song choice: _____

Parents or guests to join? _____

Cut the cake? _____

Parent dances? _____

Anything else?



Crest Hollow Country Club Outdoor Waiver

I _____ (host) reserve an outdoor area for my cocktail reception or chapel scheduled for _____ (date).

I give Crest Hollow Management the right to make the final determination as to whether or not my cocktail hour or chapel can be held outdoors up until and on the day of my affair. There is a chance that my outdoor cocktail hour or ceremony may be cancelled by management if weather is threatening, rather than risk interruption.

If for any reason my cocktail hour or ceremony cannot be held outside or if I choose to cancel prior to set up, any costs for this set up will be refunded in full.

CHCC Signature & Date

Host Signature & Date

Day of Event Addendum

Due to threatening weather, I have been advised by the Crest Hollow Management to remain indoors for today's event. I am aware that the consequence of my decision may result in the loss of my cocktail hour or ceremony if it rains. I understand that there is no compensation for any loss of time or services and I release Crest Hollow from any liability as a result of my decision.

CHCC Signature & Date

Host Signature & Date



Dear CHCC Client,

Please be advised as per CHCC Policy, Host agrees to assign seats to all their guests.

If Host does not submit a floor plan, guest list and place cards no later than ten (10) days before the date of the event, the event will be considered to have random / unassigned seating.

CHCC requires a security deposit in the amount of \$5,000 for events up to 300 guests, and \$10,000 for events over 300 guests, it will be applied to the final balance that is due no later than ten (10) days before the date of the event.

In the event there are additional guests, as per CHCC Payment Policy, event staff can not set up any additional seats / tables until CHCC receives full payment for all attendees. Payment has to be submitted in cash only, no personal checks or credit / debit cards will be accepted at that time.

CHCC will keep the right to keep food stations, bars and Premises closed until additional guests are paid for in full by Host. The unused amount of the Security Deposit shall be refunded to Host.

Client's Signature _____

Event Date _____

Today's Date _____



Share Your Favorite Photos With Us!

(Photograph Release Form)

I hereby grant permission to Crest Hollow Country Club (CHCC) the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I also give permission to CHCC to take photographs, audio or video recordings the day of our event. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

Photographic, audio or video recordings may be used for:

- CHCC Marketing (e-mail, website, video, print)
- CHCC Social Media Campaigns (Facebook, Instagram, Twitter, etc.)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against CHCC utilizing this material for marketing purposes.

Full Name _____

Event Date _____

Cell _____ Home _____

Email Address _____

Instagram Username _____ Facebook Username _____

Photography Studio _____

Photographer Name _____ Phone _____

Client Signature _____ Date _____

Crest Hollow Banquet Manager _____

Event Type *WR* *WC* *BM* *Bapt* *Comm* *S15* *S16* *Anniv*

Other _____



Menu Restrictions Form

Please check off any food allergies/restrictions that apply to your event that you would like CHCC to be aware of:

Allergy/Food Restriction	Applies To:	
<input type="checkbox"/> Beef	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Celery	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Eggs	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Fish	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Fruit: _____	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Legumes	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Milk	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Mustard	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Pork	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Sesame <input type="checkbox"/> Seeds <input type="checkbox"/> Oil	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Shellfish	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Soy <input type="checkbox"/> Beans <input type="checkbox"/> Oil <input type="checkbox"/> Sauce	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Tree Nuts: _____	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
<input type="checkbox"/> Other:	<input type="checkbox"/> Guest(s) of Honor	<input type="checkbox"/> Entire Event
Allergy/Food Restriction Type		
<input type="checkbox"/> Ingest	<input type="checkbox"/> Airborne	<input type="checkbox"/> Skin Contact

* **Guest(s) of Honor** - Do not serve to the Guest(s) of Honor but keep on event menu for other guests.

* **Entire Event** - Remove from entire event menu for all guests.

Host Name: _____

Function Date: _____

Host Signature: _____

Today's Date: _____



Own Centerpiece & Décor Waiver

As per the contract terms, Host agrees to use florist / decorator from CHCC Vendor Recommended List.

However, in the event, Host chooses to provide own centerpieces and décor for their function, CHCC's staff is not responsible for set up and break down of any décor items provided by the Host.

Host agrees to collect all items immediately upon event completion. CHCC will not provide any overnight storage and is not responsible for any items left behind.

CHCC will notify the Host within 2 (two) weeks of the event date how much time is allocated for the set up in their dining room. Host understands set up time can be limited and agrees to work within the timeline given by CHCC Management.

Host's Name _____

Event Date _____

Signature _____

Today's Date _____