

Room Rental Reservation Form

Organization					
Contact Person					
Address					
Email					
Telephone				Fax	
Brief description of intended use of space					
No. of Visitors: (Limit: 60 total)			*Rental time, includes set-up and clean-up times		
Date	First Choice	Second Choice	Time	Start	End

*By filling out this form you and your party agree to abide by the policies outlined in the Rental Policies form, which must be signed and submitted alongside the Room Rental Reservation form.

**No date is firm until the Museum has received from the Renter a non-refundable deposit equivalent to 50% of the space and staffing fee along with a signed Agreement 10 working days prior to the event. The remainder of the fee is due five working days prior to the event. Payment may be made by cash, check or credit.

Museum contact person: _____

Today's Date: _____

Do not fill out the area below, for clerk only

Check Cash Card

Total Due: _____

Payment Date: _____