



Rental Application

Name: _____

Address: _____

Museum Member: Yes No

Nonprofit: Yes No

Phone: (H) _____

(W) _____

(Cell) _____

Purpose of Event: _____

Name and address for damage deposit refund to be mailed:

Date of Event: _____

Time of Event: _____ (starts with set up and concludes at the end of break down and cleaning)

Anticipated number of people to be in attendance: _____

Will there be music? _____

What type: _____

Musicians: (contact name and phone #) _____

Caterer: (contact name and phone #) _____

Rental Application (continued)

Florist: (contact name and phone #) _____

Rental Company: (contact name and phone #) _____

Items to be rented:

I understand that the Raleigh City Museum is an educational institution that exhibits important and irreplaceable artifacts. I will treat the contents of the museum and this historically significant facility with all due care and respect. I have read and understand all rules and agree to abide by them:

Signature of Renter: _____ Date: _____

Approved by: _____ Date: _____

ALL RENTERS OF THE RALEIGH CITY MUSEUM ARE REQUESTED TO ADHERE TO THE AFOREMENTIONED RULES AND TO INFORM THEIR GUESTS TO HONOR THEM.

Receipt of the completed application and deposit will secure the date for your event. Reservations are taken on a first-come, first-serve basis. Please return to the following address:

Kristin Cain, Event Coordinator
Raleigh City Museum
220 Fayetteville Street, Suite 100
Raleigh, NC 27601-1310

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OFFICE USE ONLY

Security Deposit Rec'd _____ CK# _____ Release Signed _____

Damage Deposit Rec'd _____ CK # _____

Final Payment Rec'd _____ CK# _____

Membership: New _____ Current _____

Cleaning Service Scheduled _____ Staff _____

Damage Deposit refunded _____ Other _____