THE AFRICAN AMERICAN MUSEUM IN PHILADELPHIA
APPLICATION FOR FACILITY RENTAL

Contract #_____ Date:_____

Contractor:_____

Are you a member of The African American Museum? _____yes _____No

Address:_____

City_____ State_____Zip_____

Contact Person:_____

Telephone:_____(H)_____(fax)_____

Email _____ Web Site _____

Rental Date:_____ Hours: From:_____AM/PM To:_____AM/PM

Type of Event:_____Number Expected to Attend:_____

Honoree _____

Space to be Used:

Auditorium _____Gallery 1_____ Gallery 2_____ Gallery 3_____ Gallery 4_____

Equipment or Services Needed:

Dance Space: ____Tables:_____ Chairs:_____ Piano:_____ Monitor: _____ Screen: _____

A/V Tech:_____ Podium/Mic:_____ VCR:_____ Projector :_____ CD Player: _____

Tour Guide(s) _____ Coat Check _____ Clean-up Overtime:_____

Will there be food served during your event? _____yes _____no

Will there be alcoholic beverages served during your event? ____yes _____no

Will there be a printed material, radio or television advertising announcing your event? _____yes _____no. If yes, the Museum reserves the right to review and approve all materials in connection with all events held at the Museum.

Will there be an admission fee? _____Yes ____ No If yes, what is the fee? $_____

Caterer's Name:_____
Caterer must be selected from AAMP's preferred vendors list

SIGNATURE X_____ DATE_____

Special Instructions: _____

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