



**AFRICAN AMERICAN
MUSEUM IN PHILADELPHIA**

APPLICATION FOR FACILITY RENTAL

Today's Date: _____

Are you a member of The African American Museum? Yes No

Address: _____

City _____ State _____ Zip _____

Contact Person: _____

Telephone: (Office) _____ (Personal) _____ (Fax) _____

Email _____ Web Site _____

Rental Date: _____ Hours: From: _____ To: _____

Name of Event: _____

Honoree _____ Number Expected to Attend: _____

Space to be Occupied:

Auditorium Gallery 1 Gallery 2 Gallery 3 Gallery 4

Equipment or Services Needed:

- | | |
|--------------------|--------------------------|
| Dance Space | Podium/Mic |
| Tables | VCR |
| Chairs | Projector |
| Piano | CD Player |
| Monitor | Tour Guide(s) |
| Screen | Coat Check |
| A/V Tech | Clean-up Overtime |



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Will there be food served during your event? Yes No

Caterer's Name: _____

Caterer must be selected from AAMP's preferred vendors list

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? \$ _____

Signature: _____ Date: _____

Special Instructions: _____

(The completion of this application is no guarantee or confirmation of rental. Contract execution and deposit is confirmation of event)