## NJ STATE MUSEUM / WAR MEMORIAL ROOM RENTAL APPLICATION

THIS IS NOT A CONTRACTUAL AGREEMENT. FORMAL CONTRACT WILL FOLLOW PENDING APPROVAL OF APPLICATION.

Organization/Presenter/Renter:			
Address:			
Address:Street	City, State, Zip		
Requested date(s) for event:			
s this a non-profit organization? If so, please provience services and Revenue Services.			
□ Non-Profit Cert received	_ Government Organization		
Event Contact:	Billing Contact:		
Daytime telephone:	Daytime telephone:		
Evening telephone:	Evening telephone:		
Fax:	Fax:		
E-mail	E-mail		
	Billing Address (if different than above):		
7. Title of Event:  8. Brief description of event:			
3. Brief description of event:			
3. Brief description of event:	10. End time of event:		
	10. End time of event:		
3. Brief description of event:  2. Start time of event:	10. End time of event:lload-in/load-out, etc.):		
3. Brief description of event:  9. Start time of event:  11. Number of total hours needed for event (set-up,  12. Number of Guests:  13. Please check which rental space you desire:	10. End time of event:lload-in/load-out, etc.):		
3. Brief description of event:  9. Start time of event:  11. Number of total hours needed for event (set-up,  12. Number of Guests:  13. Please check which rental space you desire:  War Memorial	10. End time of event:load-in/load-out, etc.):		
3. Brief description of event:  1. Number of total hours needed for event (set-up,  12. Number of Guests:  13. Please check which rental space you desire:  14. War Memorial  George Washington Ballroom (499 capacity wi	10. End time of event:load-in/load-out, etc.):		
3. Brief description of event:  1. Number of total hours needed for event (set-up,  12. Number of Guests:  13. Please check which rental space you desire:  14. War Memorial  George Washington Ballroom (499 capacity wi Patriots Theater Stage *	10. End time of event: load-in/load-out, etc.):  thout tables)		
3. Brief description of event:  1. Number of total hours needed for event (set-up,  12. Number of Guests:  13. Please check which rental space you desire:  14. War Memorial  George Washington Ballroom (499 capacity wi Patriots Theater Stage *  (* add on to GW Ballroom, only if you desire theater rental.)	10. End time of event:  load-in/load-out, etc.):  thout tables)  al; please fill out the Theater Rental Application)		
2. Start time of event:  2. Start time of event:  3. Number of total hours needed for event (set-up, 12. Number of Guests:  4. Number of Guests:  4. Please check which rental space you desire:  4. War Memorial  George Washington Ballroom (499 capacity wir Patriots Theater Stage *  (* add on to GW Ballroom, only if you desire theater rental Delaware River Room (299 capacity without tall.)	10. End time of event:  load-in/load-out, etc.):  thout tables)  al; please fill out the Theater Rental Application)		
2. Start time of event:  2. Start time of event:  2. Number of total hours needed for event (set-up,  2. Number of Guests:  2. Number of Guests:  2. Start time of event:  3. Please check which rental space you desire:  2. War Memorial  George Washington Ballroom (499 capacity wi Patriots Theater Stage *  (* add on to GW Ballroom, only if you desire theater rent Delaware River Room (299 capacity without ta Turning Point Conference Room (49 capacity)	10. End time of event:  load-in/load-out, etc.):  thout tables)  al; please fill out the Theater Rental Application)		
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## New Jersey State Museum

Riverview Court (150 capacity) (not available Monday-Friday, from 8 am to 3 pm) Auditorium (390 capacity)

14. Will you serve a	alcoholic beverag	ges to your guests?	<b>Yes*</b> * License to	<b>No</b> o serve alcohol re	quired.
15. Will you need a	dditional day/tir	ne for load-in, deliveri	ies, rehearsal, l	oad-out? Yes	No
16. Will you require	e Audio Visual e	quipment?	Yes	No	
If Yes, please provid	de brief descript	ion of equipment need	led:		
event. Client may re	equest an estimate	consultation with the consultation with the consultation costs prior to as equipment management	the signing of th	•	
		nced to the public until approved by The Rental			approved.
		r Memorial names or lo ew Jersey State Museum		used without writ	ten permission
The use of the New S sponsorship of an ev	•	rum or War Memorial fo	acilities implies	neither endorsem	ent nor
Ne Po		Rentals Office New Jersey State M PO Box 530 Trenton, NJ 08625-			
	via Fax: via Email:	609-292-7636 Rentals.NJSM@sos			
Applicant Signatur	re:				
Title:					
Date:					
		information or to ensui 09-984-8484 or email I			
For Use by Rentals Date received:					
Approved:		$\square$ Yes $\square$ N	No Reason:		