

**CRAWFORDSVILLE PARKS AND RECREATION - GENERAL LEW WALLACE STUDY & MUSEUM
FACILITY & GROUNDS RENTAL APPLICATION**

Personal Data

Applicant's Name(s): _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Contact Person (other than applicant): _____

Organization (if applicable): _____

Non-Profit? Yes No If yes, list tax exempt number: _____

Event Details

Type of Event: _____ Date: ____/____/____

Bride _____ Groom _____

Total Number Participating: _____

Event start time: _____ **Event end time:** _____

Rehearsal start time: _____ **Rehearsal end time:** _____

Will you be using tents? Yes No

If yes, how many: _____ Size of tent(s) you wish to use: _____

Will you be using any other equipment? Yes No

If yes, describe equipment and use: _____

Do you request use of electricity? Yes No Additional Fee, if applicable _____

Name and phone number of caterer: _____

Name and phone number of florist: _____

Name and phone number of equipment Rental Company: _____

Your signature indicates acceptance and adherence to the Museum's Rental Policies

* _____
Signature _____ Date _____

Study Use Only

\$50 Guarantee Deposit: Date Pd. _____ Cash _____ Check # _____ Credit Card _____

200 Damage Deposit Date Pd _____ Cash _____ Check # _____ Credit Card _____

Total Amount Owed _____ Due Date _____ Date pd: _____

Cash _____ Check # _____ Credit Card _____