

Cheyenne Depot Museum

Coupler Rental Contract

Phone: (307) 632-3905

Fax: (307) 632-0614

Day and Date of Event: _____ Type of Event: _____

Name/Organization: _____ Contact Person: _____

Address: _____

Primary Phone: _____ Email: _____

Setup Time: _____ Event Start Time: _____ Exit Time: _____

_____ Hourly: Rental Time _____ x Rate (\$50.00/hour) = Total _____

Will you need any of the following: Tables & Chairs _____ Pipe & Draping _____
Sound System _____ Stage _____

Deposit to hold date is 50% of Total Amount Due _____

Number of Expected Guests: _____ Caterer/Phone: _____

Will a fee be charged those who attend? Yes _____ No _____

Will there be commercial sales or marketing? Yes _____ No _____

Will alcoholic beverages be served? Yes _____ No _____

Type: Malt beverages _____ Champagne/Wine _____ Hard Liquor _____

The following items need to be returned to the Cheyenne Depot Museum:

Diagram of Coupler setup

Proof of insurance

City License/Permit Form

Alcohol Indemnity Agreement

Coupler Rental Agreement

Reminder of Important Guidelines

No smoking in the building. Food and beverages are limited to the area rented only. Staff person on duty is a facility manager only; not cleanup crew or host. All equipment, decorations, etc must be removed at exit time unless special arrangements are made in advance. I have read the Museum policies and understand the guidelines set forth. Should my organization or guests at the event fail to comply with the policies and guidelines, I acknowledge additional charges will be assessed and/or future use of the facility will be restricted.

Fee Schedule

Rental rates are locked in at time of deposit. Reservations are not final until 1) a deposit of 50% of the total fee, and 2) the contract is received by Depot staff. Balance is due 30 days prior to the date of the scheduled event. Set-up and clean-up times are included in the rental period. Deposits are non-refundable less than 6 months of the date of the event if cancelled or changed.

_____ (Organization Representative Signature)

Office Use:

Date received: _____ Received By: _____ Credit Card for file _____

EXP _____ CVC: _____