

Cheyenne Depot Museum

Lobby 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: _____

_____ E-mail: _____

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

Full Day (\$1,000) (\$850 non-profit) \$ _____

Half Day: (\$550) (5 hours or less) \$ _____

Deposit to hold date: **50%** of rental amount: \$ _____

Will you need any of the following:?

Tables & Chairs _____ Pipe & Draping _____ Sound System _____ Stage _____

Number of Expected Guests: _____ Caterer/Phone: _____

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

Yes ___ No ___ Will there be commercial sales or marketing

Yes ___ No ___ Will alcoholic beverages be served?

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

The following items need to be returned to the Cheyenne Depot Museum at least 30 days before the event.

_____ Diagram of Lobby Setup

_____ Proof of Insurance

_____ City License/Permit Form

_____ Alcohol Indemnity Agreement

_____ Lobby Rental Agreement

_____ Final Payment

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. Renters Set-up and clean-up times are included in the rental period. Deposits are non-refundable less than 6 months from the date of the event if cancelled or changed.

(Signature of Organization Representative) _____ Date: _____

Office Use:

Date received: _____ Credit Card for file _____ EXP _____ CVC: _____

Received By: _____

Date:	Activity	Amt	Bal.	Initials
	Inv Amt			
	Pmt 1			
	Pmt 2			