

## **Rental Agreement**

607 4th St • Sioux City, IA 51101 • p 712-279-6174 • f 712-252-5615 • scpm@sioux-city.org • www.siouxcitymuseum.org

Please sign and return the original copy of this agreement to the Sioux City Public Museum. A copy of the contract will be signed and returned to you. A deposit of \$100.00 must be paid to hold your reservation, unless waived by staff. Your fee is due the day of the event. Please carefully review the attached "Sioux City Public Museum Facility Rental and Policy Guideline" pertaining to food service, alcohol, music and building usage.

## **CONTACT INFORMATION** Contact Name: E-mail: **EVENT INFORMATION** Briefly describe the event: Layout Preference:\_\_\_\_\_\_Estimated Attendance:\_\_\_\_\_ Will you serve food? Yes / No Caterer's Name: \_\_\_\_\_\_Arrival Time: Will you serve alcohol? Yes / No Renter is responsible for adherence to all lowa laws applicable to usage of and distribution of alcoholic beverages. **RENTAL FEES** Single Classroom \$20/hr, \$60/4 hr period Double Classroom \$30/hr, \$100/4 hr period: After hours rates (2 hr minimum) with exhibit areas open \$125/hour After-hours rates (2 hr. minimum) without exhibits: Monday-Thursday \$50/hr, Friday - Sunday \$75/hr Conference Room \$20/hr, \$60/4 hr period Optional Equipment Projector \$10/use (check if requested) TV/VCR/DVD \$10/use Sound System \$10/use Flat Screen TV \$10/use Use of Kitchen (food prep only – no cooking) \$20/hour TOTAL ALL FEES = \$ Deposit Required yes / no **AUTHORIZATIONS** User Signature: \_\_\_\_\_Date:\_\_\_\_\_ Museum Rep:

FOR MUSEUM ONLY deposit: cash/check/cc \$\_\_\_\_\_ date\_\_\_\_\_ final: cash/check/cc \$\_\_\_\_ date\_\_\_\_

Print Name: Date: