Facilities @ Lagarde Park

Facility Rental Application Request

- Print/type clearly to complete Rental Request Form
- Fax, Email or Mail completed form to Events Manager

Date of Event	:	Type of Event:	
Facility:	_ Berman Museum	Anniston Museum	Longleaf Center
Name:			
Billing addres	88:		
Phone:	E-mail		
Point of Conta	act (if other than renter	·)	
Email/ Phone	number point of contac	et	
Event time: _	Approx	timate number attending	
Standin	g Reception Sea	ted DinnerMeeting_	Theater style
**Alcohol	YesNo		
**Rules and C	duidelines must be follo	owed. Some restrictions ar	nd additional fees may apply.
will be evaluated and possible. Requests ar deposit will be requir	the status of your request first come, first serve	uest will be made availabled. Once your request has t date. Please allow one w	es @ Lagarde Park. Each request le to the client as soon as reasonabl been confirmed, a non-refundable week from submission for processing
Signature	Signature		
Approval of Event Manager		Date	
	A	ttn: Event Manager	

Anniston Museum of Natural History



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