

**The Natural Place**  
**Anniston Museum of Natural History**

**Rental of Facilities**

Please complete the information (\*) below

Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ \*Estimated Attendance: \_\_\_\_\_

\*Name of Organization: \_\_\_\_\_

\*Person in Charge of Rental: \_\_\_\_\_

\*Telephone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

**\*Please check one:**

\_\_\_\_ Alcohol Event- Uniformed Security must be secured by renter\*\*

\_\_\_\_ Non-Alcohol Event

**Please check the item(s) that will be needed for your event.**

**Space Requested:**

\_\_\_\_ Auditorium

\_\_\_\_ Classroom

\_\_\_\_ Conference Room

\_\_\_\_ Lobby

\_\_\_\_ Kitchen

\_\_\_\_ Store (after hours 5:00 - 7:00PM) \_\_\_\_\_

\_\_\_\_ Exhibit Hall Open -Time: \_\_\_\_\_

**\*Equipment: (changes may apply for some a/v equipment)**

\_\_\_\_ Projection Screen

\_\_\_\_ Slide Projector

\_\_\_\_ Multi Media Projector

\_\_\_\_ Video

\_\_\_\_ DVD

\_\_\_\_ Computer

\_\_\_\_ CD or Tape Player

\_\_\_\_ Microphone

\_\_\_\_ Cordless Microphone

\_\_\_\_ Overhead Projector

**Other**

\_\_\_\_ Lectern

\_\_\_\_ Piano

**\*\*Must sign Alcohol Agreement Contract**

**The Natural Place**  
Anniston Museum of Natural History  
**Rental of Facility Agreement Form**

My signature below certifies that I have read the **Guidelines for Rental of Museum Facilities by Outside Organizations** and agree to abide by the terms and conditions outlined in this document.

I understand that the date for my scheduled event is confirmed with the return of this signed form and a deposit of 50% of the rental fee. **This is a non-refundable deposit.** The total rental fee is due the day of the meeting/event.  
\_\_\_\_\_ (please initial here)

On behalf of the organization named above, I agree to be entirely responsible for all losses, damages or injuries to the property owned by Anniston Museum of Natural History while my organization or its guests are renting the Museum facilities.

Name: \_\_\_\_\_  
(Signature)

Agreed Building Rental Fee: \_\_\_\_\_

**If Alcohol is being served please sign below:**

As a duly authorized representative of the above organization, I have read and agree to the **Anniston Museum of Natural History Policy on Alcohol Service.** The required procedures will be observed during the rental of Museum facilities by my organization. I understand that a licensed security officer (1 up to 40; 2 guards 41+) must be on the Museum grounds before alcohol may be served.

Name: \_\_\_\_\_  
(Signature)

Please return this form with your deposit made payable to the Anniston Museum of Natural History. Thank you for choosing the Museum for your event.

Anniston Museum of Natural History  
P.O. Box 1587 Anniston, Al. 36202  
256.237.6766 Fax: 256.237.6776  
Gina Morey, Programs Manager  
[Gmorey@annistonmuseum.org](mailto:Gmorey@annistonmuseum.org)