

The Independence Historical Museum  
8<sup>th</sup> & Myrtle – P.O. Box 294  
Independence, Ks 67301  
620-331-3515  
GALLERY RENTAL APPLICATION

MUSEUM TO BE USED FOR \_\_\_\_\_

DATE NEEDED \_\_\_\_\_

TIME OF EVENT (WHEN CATERERS ARRIVE OR WHEN THE BUILDING SHOULD BE OPEN FOR EVENT): \_\_\_\_\_

SET-UP TIME OR DAY(S) NEEDED BEFORE EVENT (6 HRS FREE DURING UNRESERVED OPEN HOURS) (10AM- 4PM) \_\_\_\_\_

RATES: After hours rental - \$35.00 PER HOUR X \_\_\_\_\_

Open hours rental - (Wed.- Sat. 10 AM - 4 PM & Sunday 1 - 5 PM)

\$20.00 PER HOUR X \_\_\_\_\_

\$6.00 PER HOUR FOR REQUIRED MUSEUM PERSONNEL X \_\_\_\_\_

Effective 6/1/05

\$50.00 NON REFUNDABLE DEPOSIT IS REQUIRED BEFORE SET UP (This will be deducted from final bill) Check No. \_\_\_\_\_ Date Received \_\_\_\_\_  
(DEPOSIT WAIVED FOR PAID MEMBERS)

*EXTRA CHARGE OF \$25.00 IF FACILITY IS NOT CLEANED UP, TRASH TAKEN OUT, TABLES AND CHAIRS PUT AWAY, AND PERSONAL EFFECTS REMOVED.*

By signing this document, I accept full responsibility for the care of the facility and/or equipment, I have read the Gallery Rental Policies and agree to abide by the policies stated in this policy during the dates and hours shown above and also agree to reimburse The Independence Historical Museum for any damage that may occur.

Signature of Renter \_\_\_\_\_ Date \_\_\_\_\_

Renter Name (Please Print) \_\_\_\_\_

Phone # of Renter \_\_\_\_\_ Address of Renter \_\_\_\_\_

Day Time Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

OFFICE USE

DATE PAID \_\_\_\_\_ AMOUNT \_\_\_\_\_

CARE OF FACILITY: EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

DESCRIPTION OF DAMAGE OR BREAKAGE \_\_\_\_\_

REMARKS \_\_\_\_\_

CHARGES FOR ABOVE DAMAGE \_\_\_\_\_

NOTED BY \_\_\_\_\_ DATE \_\_\_\_\_