

San Mateo County History Museum 2200 Broadway St, Redwood City, CA 94063 650-299-0104 sue@historysmc.org

Today's Date:					
Name of Organization:					
Name of Contact Person:					
Phone Number: (Home)	hone Number: (Home) (Work/Cell)				
Fax #:		E-mail:	E-mail:		
Address:	Cit	ty:	State:	Zip:	
Date(s) Requested:					
Type of Event:			Estimated Attendance:		
Set-Up Time:	Event Time:		Clean-Up Time:		
Section of Museum Requ	lested: (✔) Please submit st Floor Rotunda ☐ 2nd Flo			Atkinson Room	
Vendors: (Please list all vendors to be used.)			**Caterer must be chosen from our preferred list.		
Caterer**:	Delivery Date:	Time:	Pick up Date:	Time:	
Florist:	Delivery Date:	Time:	Pick up Date:	Time:	
Musicians:	Delivery Date:	Time:	Pick up Date:	Time:	
Furniture Rental Co:	Delivery Date:	Time:	_ Pick up Date:	Time:	
Museum Equipment Ava Podium: Event Liability Insurance:	Easels: AV System	m: Microp	hones: Round D	inner Tables:	
Security Service Personne	el: One (1) Security Guard p	er 100 guests. The	fee is \$37.00 per/man p	er/hour.	
Alcoholic Beverage Policy Alcohol is not permitted in Janitorial Fee: \$440.00 fee	n public areas prior to Museu		cohol can be sold with AE		
Janitorial Fee: 9440.00 fee	is charged for all events.				
Refundable Security Dep Check or credit card accep upon inspection of venue	oted. Any violation f this con			e submitted to reserve date. posit. Deposit refunds by Museum	
Cancellation Policy: Cance In signing this application, I can any conditions set forth there	ertify that I have read and unders in.	stand the San Mateo	County History Museum's	rules and regulations and will abide by	
	FINAL PAYIVIENT	DUE 30 DAYS I	PRIOR TO EVENT.		
Applicant Signature:			DATE		