SAN MATED COUNTY HISTORY MUSEUM

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

MUSEUM					
Today's Date:					
Name of Organization:					
Name of Contact Person:					
	(Work/Cell) E-mail:				
		City:State:Zip:			
		Estimated Attendance:			
		Event Time: Clean-Up Time:			
set-op nine.	Lvent nine				
	st Floor Rotunda 🛛 2nd Flo	oor 🛛 Courtroo	m A 🔲 Catering Kitche		
Vendors: (Please list all vendor	·		er must be chosen from o		
	Delivery Date:				
	Delivery Date:				
Musicians:	Delivery Date:	Time:	Pick up Date:	Time:	
	Children's Activity	/ Center \$395.00 f	for 4 hours		
Museum Equipment Ava	ilable for Rental:	(Please review Re	ntal Regulations for pricin	ıg.)	
Podium:	Easels: AV Syster	m: Micro	phones: Round I	Dinner Tables:	
Event Liability Insurance	: Required: Certificate of Ir	nsurance due in Hi	story Museum 30 days pr	ior to event.	
Security Service Personn					
Alcoholic Beverage Polic Alcohol is not permitted i		neres to the Alcoho um closing time. A	blic Beverage Control rule Alcohol can be sold with A	s. BC License.	
Refundable Security Dep Check or credit card acce upon inspection of venue	pted. Any violation f this cor			be submitted to reserve date. posit. Deposit refunds by Museun	
Cancellation Policy: Cance	ellation of event must be mad sertify that I have read and under			s rules and regulations and will abide b	
		Tax ID # 23-71			
	FINAL PAYMENT	T DUE 30 DAYS	PRIOR TO EVENT.		
Applicant Signature:			DATE		