

Venue Rental Event Inquiry Form

CONTACT INFORMATION

Lessee: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

EVENT INFORMATION

Date of event: _____ Alternate dates: _____

Occasion: _____ Number of guests: _____

Time of event: _____ am/pm to _____ am/pm (min. 1 hour)

Time of set-up: _____ am/pm to _____ am/pm

Time of clean-up: _____ am/pm to _____ am/pm (min. 1 hour)

I am interested in renting:

Full Museum: _____ Skyline Gallery: _____ Plaza: _____ Meeting Spaces: _____

CATERER INFORMATION *(if available)*

Caterer: _____ Contact Person: _____

Phone: _____ Email: _____

Caterers must be licensed and remain on-site for the duration of the rental. Exceptions may be made for daytime meetings (i.e. caterer provided boxed lunches) at the discretion of the Venue Sales Coordinator. Use of a caterer outside of our preferred vendor list may incur a \$500 fee.

Please note: No event is reserved until a deposit has been received. All quotes are communicated by the Venue Sales Coordinator; prices quoted by anyone other than the Venue Sales Coordinator are not valid.

Email completed forms to rentals@cmdenver.org.