



CHILDREN'S MUSEUM

— OF VIRGINIA —
PORTSMOUTH

Facility Use Application

Name of Applicant: _____

Organization Represented: _____

Address: _____

Phone: _____ (H) _____ (W)
_____ (C)

Email: _____

Individual Responsible for Payment (if different from above)

Name: _____

Address: _____

Phone: _____ (H) _____ (W)
_____ (C)

Email: _____

Type of Event: _____

Event Date: _____ Event Time: _____

Anticipated Attendance: _____

Will Food/Beverages Be Served? _____

Will Alcoholic Beverages Be Served? _____ If so, please state what type (next page)

(Beer, wine, mixed drinks) _____

Catering Company: _____

Individual Responsible For This Event: _____

Address: _____

Phone: _____ (B) _____ (C)

Email: _____

Will rental equipment be used? _____

Equipment Rental Company: _____

Address: _____

Phone: _____ (B) _____ (C)

Email: _____

Will there be live music? _____

If yes, Group's Name: _____

Contact Person: _____

Address: _____

Phone: _____ (B) _____ (C)

Email: _____

Website: _____

Please return this form as well as the following documents with your deposit made payable to Portsmouth Museums.

- Guidelines for Renters
- Guidelines for Caterers
- Equipment Request Form