

MANITOWOC COUNTY HISTORICAL SOCIETY

# Social and Business Rental Reservation Form

Today's Date \_\_\_\_\_

**Please return signed rental form and policy with a \$100.00 deposit.**

**Date of Rental:** \_\_\_\_\_

Rental Time: \_\_\_\_\_ Time of Guests on Site (use of tram): \_\_\_\_\_

### Contact Information

**Primary Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Business/Group:** \_\_\_\_\_

### Venues

	Venue A	Venue B	Add-ons (Group tours, etc)
Venue Option			
Time Allotted			
Cost			

Rental Venue Costs	
Rental Discount	
Other	
Subtotal of Rental cost	
5% sales tax	
Total rental fee	

*\*Additional venues may be added to the rental at an hourly rate of \$50 per daytime hour (10 am to 4 pm) and \$100 for after hours (4 to 10 pm).*

*\*Available rental hours are 10 am to 10 pm.*

*\*The world of non-profit is full of organizations and people fueled to impact change and drive involvement. Hosting your non-profit event with us means we're able to glean some of your passion in order to help you showcase it best. Non-profit groups are eligible to receive a 50% discount on hourly rates.*

## Timeline

Approximate Arrival Time of Organizers: \_\_\_\_\_

Approximate Departure Time of Guests: \_\_\_\_\_

Please share any timeline notes (including expected deliveries):

Please explain any set-up needs you will have for your rental (including table and chair needs):

### Rental Deposit and Fee Payment

A non-refundable rental deposit is required with the signed contract to hold a rental date. The deposit is applicable at the discretion of the Society and is \$100.00. The rental fee is due in full either before or on the day of the contracted event. The renter will be responsible for any damages incurred to the rental building or its contents during the allotted time period. The renter agrees to reimburse the Manitowoc County Historical Society for any damage. I have read, fully understand, and agree to abide by the Wedding Policies set forth in this agreement.

Signature of Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of MCHS Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*MCHS Office Use:*

Deposit Payment	
Payments Received	
Confirmation	
Host	
Tram	