

FACILITY RENTAL FORM

Location: 225 North Roberts, Helena, MT 59620-1201. Contact: Jodel Fohn at ifohn@mt.gov or 406-444-1799.

Name of organization				
Name of contact person				
Address				
Phone number(s)	E-mail			
Space requested: MHS Lobby_	Day / Date of Event			
Number of peopleSet-	-up time: Star	rt time	End time	
Type of Function: Reception	Sit-Down Dinner	Other		
Will food and/or alcohol be serve	ed?N	Name of caterer		
Do you need the Museum Store	open? Galleries open?			
Do you need a PA system?	What audio/video service	es do you require? _		
(Note: These services are billed a	at \$75.00 per hour for staff ar	nd equipment and a	re available only in auditoriur	n.)
How many tables do you need?				
How/where do you want them s	set up?			
				_
Other notes or special instruction	ins?			
Total estimated fee*				
(*Subject to additional charges f	or damage, extraordinary cle	aning, additional gu	ard hours, etc.)	
I agree to abide by all the rental	l guidelines as stipulated by I	MHS. I understand	that the reservation is not gu	ara
until this form has been signed	by both parties and returned	to the MHS.		
Gallery Hosts \$75.00 – Check pa	yable to Friends of Montana	Historical Society ((if needed).	
Renter's signature	ter's signature Date			
For MHS use				
MHS Contact	E-mail		_Phone	
Number of MHS volunteers need	ded? Number	r of MHS staff need	ed	
Copies Distributed Date	Security K. White	e/Friends	StoreITT	our