FACILITY RENTAL FORM

Location: 225 North Roberts, Helena, MT 59620-1201. Contact: Jodel Fohn at jfohn@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 people _______ Set-up time: __________ Start time _______ End time _______
Type of Function: Reception _______ Sit-Down Dinner _______ Other _______________________
Will food and/or alcohol be served? ___________________ Name of caterer _______________________
Do you need the Museum Store open? _____ Galleries open? _____
Do you need a PA system? _______ What audio/video services do you require? _______________________
________________________________________________________
(Note: These services are billed at $75.00 per hour for staff and equipment and are available only in auditorium.)
How many tables do you need? ____________________________
How/where do you want them set up? ____________________________
________________________________________________________
Other notes or special instructions? ____________________________
________________________________________________________
Total estimated fee*________________________________________
(*Subject to additional charges for damage, extraordinary cleaning, additional guard hours, etc.)

I agree to abide by all the rental guidelines as stipulated by MHS. I understand that the reservation is not guaranteed until this form has been signed by both parties and returned to the MHS.

Gallery Hosts $75.00 – Check payable to Friends of Montana Historical Society (if needed).

Renter's signature ____________________________ Date ____________________________

For MHS use

MHS Contact ____________________________ E-mail ____________________________ Phone ____________________________
Number of MHS volunteers needed? ___________ Number of MHS staff needed ____________________________
Copies Distributed Date _______ Security _______ K. White/Friends _______ Store _______ IT _______ Tours _______
Program Managers: MK __________ DK __________ RG __________ MAK __________ PB __________ JBOL __________ DD __________