

**Clark County Historical Museum
Rental Reservation Form**

Host Information

Name of Host/Renter _____

Date of Rental _____ Date of Request _____

Email Address _____

Billing Address _____

City _____ State _____ Zip _____

Phone #s: Cell Home Office _____

Fax # _____

Signed Rental Terms Acknowledgement: Y N Deposit Paid: Y N

Special Requests _____

Additional Needs

PowerPoint presentation? Y N Projector and screen? Y N

Audio Equipment? Y N Staffing Fee? Y N

Room Information

Space being rented _____

Start time _____ Expected End time _____

Estimated set-up time _____ Tear down _____

Number of people expected _____ Tables needed _____

Layout: Circle U-shaped Lecture Other _____

Staff on duty during event _____

Billing Information (to be completed by CCHM)

Rental amount first hour/ deposit \$.

How many additional hours? _____ x \$ _____ = \$.

Equipment \$.

Staffing Fee \$.

Over 50 guests Fee \$.

Sun/Mon Staffing Fee \$.

Total **\$.**

Attach any payment receipts, notes, or correspondence to this document for our records