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| **Event Information** |
| Today’s Date: |  | Type of Event or Organization:  |
| Date of Event: |  | Start/End (include setup, event and cleanup time)**NOTE:** Setup/breakdown should be immediately before & after the event unless otherwise approved.  | Start Time: |  |
| End Time: |  |
| Est. # of attendees: |  |  (Include all guest, renters, caterer etc. not to exceed 175 persons in total) |

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| **Room Set Up Requirements (check all that you will need for your event)** | **Qty. Museum has available** |
| No. of chairs required:  | 138 chairs |
| No. of tables required: | Round Tables | Rectangular Tables |  | 15 –Round Tables11 – Rectangular tables |
|  | AV system | The thermostat, lights, and AV controls may only be operated by Bliss Room staff, unless otherwise authorized by the St. Albans Museum in a written addendum to this agreement. |
|  | Microphone |
|  | Projector |
|  | Stage |

*If required, please provide a description or sketch of your preferred layout. Bliss Room setup is subject to all applicable state/local safety regulations, codes and policies.*

**NOTE:** The stock Bliss Room chairs and tables are brown. Other chairs or tables may be rented, and their delivery and return are the responsibility of the renter.

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| **Food and Beverage Requirements (check ONLY ONE that applies and complete required information)** |
|  | Food and Beverage will be supplied by a caterer and bar service. |
| Caterer Name:  Bar Service Name (if different from Caterer):  |
|  | * All caterers and bar services must have premises and liquor liability insurance in the amount of $1,000,000/$2,000,000, and a valid Vermont liquor license if alcohol is served. The St. Albans Museum must be named as additional insured on said policies.
* The caterer and/or bar service must present a certificate of insurance indicating coverage and policy limits, and that the St. Albans Museum is a named insured effective on the date of the event. Obtaining a copy is the responsibility of the renting party or organization.
* Insurance certificates must be on file with the St. Albans Museum 5 days prior to the event.
* Caterer or bar service should be familiar with the Bliss Room. If not familiar, please schedule to meet with a SAM Representative prior to the event to view the venue.
* The kitchen is for serving/warming preparation only; cooking or meal preparation is not permitted.
* All trash and recycling must be removed by the renting party/organization, or their caterer/bar service, at the conclusion of the event. Dumpsters can be found in the back parking lot near the church.

 My Initial/Date indicates that I have read and agree to the terms of this section:  |

Food & Beverage Continued next page.

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| **Food and Beverage Requirements (check ONLY ONE that applies and complete required information)** |
|  | Food and Beverage will be supplied by the renter * If served by the renting party/organization, it must be purchased from a grocery store or restaurant or made from home.
	+ The kitchen is for serving preparation only; cooking or meal preparation is not permitted.
* All trash and recycling must be removed by the renting party/organization at the conclusion of the event.
* No alcohol allowed without a licensed bar tender.

My Initial/Date indicates that I have read and agree to the terms of this section:  |
|  | No food and beverages will be served.My Initial/Date indicates that I have read and agree to the terms of this section:  |

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| **Additional Terms & Conditions**  |
| * A 50% deposit is required to reserve an event at the facility, payable upon the completion of this agreement. The event will not be posted to our calendar, and the requested date will be considered open for other rental parties until the deposit is received. You may also pay in full in advance.
* The remaining balance is due no later than ten business days before the Event Date.
* If the Renter cancels the event for any reason, the deposit will be refunded to the Renter only if the Event Date can be re-booked by the Museum with a comparable event, and at no less than the same cost as the Renter's event cost. The deposit due upon receipt and return of this agreement.
* Food and drinks are strictly limited to the Robert G. Bliss Memorial Auditorium area ONLY.
* Access to the main Museum exhibits is strictly prohibited unless previous arrangements have been made with the Special Events Planner or the Executive Director.
* All decorations must be pre-approved. No open flame is permitted, and wall hangings are limited to the designated spaces.
* Only Bliss Room staff is permitted in the storage room, unless otherwise authorized by the St. Albans Museum.
* An additional fee of $50/hour will be assessed for time required beyond the contracted hours.
* Any and all current guidelines regarding COVID-19 or any other public health and safety mandates must be followed by all event attendees and it is the renter’s responsibility to see that this is carried out.

My Initial/Date indicates that I have read and agree to the terms of this section:  |
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| **Cancelation Policy** |
| If the renter cancels the event for any reason, the deposit will be refunded only if the cancelation is more than 3 weeks prior to the scheduled event.Any cancelations less than 3 weeks will not be refunded.My Initial/Date indicates that I have read and agree to the terms of this section:  |
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| **Rental Pricing** | **Discounts** |  |
| **Monday – Thursday** **60.00 per/hr.****Friday – Sunday** **75.00 per/hr.****Holidays –** **(Holiday rentals need prior approval)**  | **Member– 10% off** | **Member Name:** |  |
| **Lifetime Member 20% off** |
| **Non-Profit Org. 50% off** | **Non-Profit Name:** |  |

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| **Fee Summary (see Rental Pricing on previous page)** |
| Total Event Fee: |  | (Includes setup/event/cleanup time) |
| Additional Fees: (if applicable): |  | (e.g., tablecloths, holiday etc.) |
| Discount: (if applicable) | % | (e.g., member, non-profit org.) |
| Sub Total: |  |  |
| Deposit (if required): |  | Due at the completion of this agreement. |
| Balance Due: |  | Due 10 days prior to the event. |

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| **Payment Type (check one)** |
|  | Cash |  | Amount Paid: $  |
|  | Check | Check No.:  | Amount Paid: $  (payable to St. Albans Museum, Inc.) |
|  | Credit Card | Please call or stop by the museum with credit card information. |

Pricing/Payment Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Museum Representative

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| **Contact Information**  |
| Name: |  |
| Address: |  |
| Phone: |  | E-mail: |  |
| *The undersigned agrees to the terms of this rental agreement and agrees that this is a blinding contract, and agrees to all of the conditions described herein:* |
| Renter’s Signature: |  | Date: |  |

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| **Photo Release (check one)** |
|  | **I give my permission for the St. Albans Museum to use photos of my event for professional promotional purposes.** |
|  | **I Do Not give my permission for the St. Albans Museum to use photos of my event for professional promotional purposes.** |
| Renter’s Signature: |  | Date: |  |

Contract Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Museum Representative