ART HAUS FACILITY RENTAL APPLICATION

NAME _____ ORGANIZATION _____

STREET ADDRESS _____

CITY, STATE _____ ZIP _____

PHONE _____ EMAIL _____

RENTAL DATE(S) _____

PURPOSE FOR USE (CHECK ALL THAT APPLY):

☐ ART CLASS ☐ ART SALE ☐ ART SHOW ☐ OTHER

DESCRIPTION _____

_____

PROFESSIONAL REFERENCES (PAST ART SHOWS/ARTIST WEBSITE, ETC.)
LIST BELOW OR ATTACH SEPARATE DOCUMENT

_____

_____

_____

_____

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_____

In order for your agreed upon dates to be held, you will need to send a non-refundable deposit of $50. Without this deposit, your dates will be open for others to reserve, so be sure to send asap.

_____

FOR OFFICE USE ONLY:

APPROVAL DATE: _____ EVENT DATE: _____

AUTHORIZED SIGNATURE: _____