

PHS Museum Rental Form

Renter Information Ampe Drive, Paynesville, MN 56362 | 320-243-7547 | Paynesvillehistoricalsociety@gmail.com



Renter Information

Full Name _____	
Address _____	
Phone _____	Email _____
Are you 18 yrs or older <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of rental application: _____	

Do you have a Sponsoring Organization for this event (if Applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes, If so, Name of organization _____

Event Information

Event Date _____	
Type of event/Event Details _____	
Setup Start Time _____	Take Down End Time _____
Event Start Time _____	Event End Time _____
Buildings/Areas to be Used _____	
Special Requests _____	

A staff member will be present during set up, the event, and take down to answer any questions and/or handle any needs, so your event can be more enjoyable.

Rental term: Your personal/company insurance will cover any accidents that occur and artifacts stolen or damaged because of my negligence while using the Paynesville Historical Museum. _____ You must initial here indicating you accept and understand Name of my Insurance Company & Agent Name: _____
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I hereby certify that I will observe all the rules and regulations of the Board of Directors as a condition of the issuance of this permit. I understand that the permit for use of the Paynesville Historical Museum may be cancelled if any of the rules are violated. If the facility is NOT left in the same condition, part or all my deposit will be kept. Signature _____ Date _____
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NOTE: If arrangements must be changed or cancelled (other than weather related) please contact us 2 days in advance of the scheduled time for a full refund.

Office Use Only

Approved Date: _____ Deposit Amount: _____ Date Deposit Paid: _____

Total Due: _____ Fee per hour: _____ Date Paid in Full: _____