THE ALBUQUERQUE MUSEUM RENTAL APPLICATION

Thank you for your interest in the Museum! Please complete the application for your event. A Museum representative will be in touch with details on approval.

ALBUQUERQUE MUSEUM

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Event:		Date of Application:			
Event Date:	Individua	I/Organization:			
Times: Set-up	Event times	to	Tear-down	Number of guests:	
Contact Person:		Phone:	Emai	l:	
Address:	City/State:			Zip:	
Rental Spaces Reque	sted: The Grand	d Lobby 🗆 🛛 The	e Ventana Salon 🗆	The Amphitheater 🗆	
The Overlook 🗆 🛛 Th	e Courtyard 🗆 🛛 T	he Sculpture Ga	arden 🗆 🛛 The Audit	orium 🗆 🛛 The Board Room 🗆	
The Gazebo \square					
Special Notes:					
Entertainment: YES			Liqu	or: YES 🗆 NO 🗆	
			-	to deny the use or the continued use on the continued use on and procedures.	of
				to accept responsibility for careful and useum upon acceptance.	ł
Signature:				Date:	
Application for renta	space approved.				
Signature:				Date:	
The Albuquerque Mu	iseum Representativ	ve			