

**FACILITY RESERVATION**  
**REQUEST FROM**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

Address: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Date/Time of Function: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Space(s) requested \_\_\_ Classroom\* \_\_\_ Conference \_\_\_ Orientation Theater \_\_\_ Amphitheatre (outdoor)

\*Room Configuration: \_\_\_ classroom \_\_\_ conference room \_\_\_ other (describe) # **Attending:** \_\_\_\_\_

**Equipment/Services Requested**

- |                            |                          |                       |
|----------------------------|--------------------------|-----------------------|
| _____ TV/VCR or DVD        | _____ LCD projector      | _____ Water           |
| _____ Easel w/pad (#_____) | _____ Video conference   | _____ Conference call |
| _____ Lectern              | _____ TV/DVD             | _____ WebEx           |
| _____ Coffee Service       | _____ Tour of the Museum |                       |

**Will refreshments be served?** \_\_\_ YES \_\_\_ NO

- We have a list of caterers or you can bring your own food & beverage (see "Caterer List")
- If using a caterer, please schedule a pick-up time immediately following your meeting.
- Arrangements to serve refreshments should be made no less than 10 days prior to your meeting date.

**Important:**

- SMOKING is not permitted on the Museum grounds
- Food & beverages are permitted outside the Museum buildings ONLY
- NO ALCOHOLIC BEVERAGES ARE PERMITTED on Tribal property
- Free parking is available in the Museum parking lot
- Attendees are asked not to congregate in the lobby or front areas of the Museum

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Authorized Signer for Requesting Organization)

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Ah-Tah-Thi-Ki Museum)

The deposit fee (\$100.00 non-refundable) must be paid at time of reservation. A second check for the rental fees will be due one (1) week prior to the event.

**Mail Payment To:**  
 Ah-Tah-Thi-Ki Museum  
 Attn: Facility Rental  
 4161 N. State Road 7  
 Hollywood, FL 33021

|                    |                        |
|--------------------|------------------------|
| <b>Total fees:</b> |                        |
| Room(s)            | _____ \$ _____         |
| Equipment/services | _____ \$ _____         |
| Total:             | _____ \$ _____         |
| Deposit            | _____ (\$100.00) _____ |
| Bal. Due           | _____ \$ _____         |
| Staff signature:   | _____                  |