

**CRAWFORDSVILLE PARKS AND RECREATION - GENERAL LEW WALLACE STUDY & MUSEUM  
FACILITY & GROUNDS RENTAL APPLICATION**

**Personal Data**

Applicant's Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person (other than applicant): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Non-Profit?  Yes  No If yes, list tax exempt number: \_\_\_\_\_

**Event Details**

Type of Event: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bride \_\_\_\_\_ Groom \_\_\_\_\_

Total Number Participating: \_\_\_\_\_

**Event start time:** \_\_\_\_\_ **Event end time:** \_\_\_\_\_

**Rehearsal start time:** \_\_\_\_\_ **Rehearsal end time:** \_\_\_\_\_

Will you be using tents?  Yes  No

If yes, how many: \_\_\_\_\_ Size of tent(s) you wish to use: \_\_\_\_\_

Will you be using any other equipment?  Yes  No

If yes, describe equipment and use: \_\_\_\_\_

Do you request use of electricity?  Yes  No Additional Fee, if applicable \_\_\_\_\_

Name and phone number of caterer: \_\_\_\_\_

Name and phone number of florist: \_\_\_\_\_

Name and phone number of equipment Rental Company: \_\_\_\_\_

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***Your signature indicates acceptance and adherence to the Museum's Rental Policies***

\* \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Study Use Only**

\$50 Guarantee Deposit: Date Pd. \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

200 Damage Deposit Date Pd \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Total Amount Owed \_\_\_\_\_ Due Date \_\_\_\_\_ Date pd: \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_