



Non-University Department Room Reservation Form

Date Room(s) Required: \_\_\_/\_\_\_/\_\_\_ Day of the Week: \_\_\_\_\_
Date App. Received: \_\_\_/\_\_\_/\_\_\_ Date App. Approved: \_\_\_/\_\_\_/\_\_\_
Setup Start Time: \_\_\_ AM/PM Event Start Time: \_\_\_ AM/PM Event End Time: \_\_\_ AM/PM
Clean-Up End Time: \_\_\_ AM/PM
Purpose/Use: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_
Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_
Department/Organization: \_\_\_\_\_
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

The form should be completed and returned NO LATER THAN 10 working days prior to your event. A non-refundable \$75 deposit (\$25 if request is for Auditorium only). The final remaining charges will be billed after the event has taken place. I agree to pay all charges involved in this reservation within ten (10) days upon receiving the invoice.

University policy requires prior approval if alcoholic beverages are to be served at the event. It is YOUR responsibility to obtain such approval from Business Services or MU Catering.

CANCELLATIONS: If the event is cancelled, please contact the Museum immediately at (573) 882-6724. In some cases it may be necessary for the Museum to withdraw permission after issuance.

I have read the Use Guidelines and agree to the terms issued in this contract.

Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

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PLEASE CHECK ROOM(S) REQUESTED FOR YOUR EVENT

- Cast Gallery (Room 104)
BASIC FEE: Includes 1 Table, 4 Wastebaskets w/liners, 4 Folding Trays \$150.00

ADDITIONAL SET-UP AND TIME COSTS

Table with 4 columns: Item(s), Cost, Number, Cost. Rows include After-the-Event Cleaning Fee, Extra Tables, Chairs, and Guard.

TOTAL \$ \_\_\_\_\_

- Auditorium (Room 106) (maximum occupancy: 116 people)
There is no charge for the use of the Auditorium during normal hours of Museum operation, 8:00 a.m. - 5:00 p.m. M-F, provided your event does not conflict with regularly scheduled classroom hours. After-hours events may require the presence of a guard.
Guard (before or after Museum hours) \$15 per hour hrs. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

- Second Floor Galleries: I would like these galleries open during my event

FOR OFFICE USE ONLY
Date Billed: \_\_\_/\_\_\_/\_\_\_ How Paid: \_\_\_\_\_
Date Paid: \_\_\_/\_\_\_/\_\_\_ Journal Number: \_\_\_\_\_