



**Rental Agreement for the Coral Gables Museum**

Client:  
Address:  
Phone:  
Email:  
Date of Event:  
Type of event: Reception      Requested venue: guests

**Rental Fee (taxable):**  
**Equipment Rentals (taxable):**  
**Staffing (non-taxable):**  
**Bartender (non-taxable):**  
**Off-Duty Police (non-taxable):**  
**Special Event Permit (non-taxable)**  
**Total Rental Fee:**

Liquor costs to be determined, billed and paid by \_\_\_\_\_.

I have read and understand the Policies and Procedures and agree to be bound by the terms of the Policies and Procedures and this Application for Use. All liability insurance must have Coral Gables Museum & City of Coral Gables named on certificate & turned in 5 days prior to event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

50% deposit is due with signed rental agreement. Balance must be paid in full by 7 days prior to the event.

**CREDIT CARD AUTHORIZATION**

Card Type (circle one): M/C    VISA    AMEX    Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Authorization Code: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_  
(exactly as it appears on the credit card)

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

Card Holder Phone Number:( ) \_\_\_\_\_ - \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Card Holder Name (PRINT): \_\_\_\_\_

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

