

State of California
California African American Museum
Fac. Use Policy-Reservation Form
08 (02.29)

**CALIFORNIA AFRICAN AMERICAN MUSEUM
Reservation Form**

DAY / DATE OF EVENT: _____ **TODAY'S DATE:** _____

HOURS OF EVENT ONLY: _____ (excluding set up
and strike time)

ESTIMATED ATTENDANCE: _____ **PUBLIC OR PRIVATE:** _____

LOCATION/ROOMS: Sculpture Court __ Conference Center__ Theater__ Plaza__

User/Organization Name: _____

Contact Person / Title: _____

Telephone: _____ **Email:** _____

Cell: _____ **Fax:** _____

Street Address: _____

City / State _____

Zipcode: _____

The following information must be completed to hold reservation:

Please provide a detailed description of the program: _____

Room set up requirements (Tables, chairs, podium, riser, etc.)

(*please note upon approval of event, a 50% deposit and signed contract are required to reserve your date.)