

Facility Rental Application



ANNISTON MUSEUMS *and* GARDENS



Date of Event: _____ Type of Event: _____

Facility: _____ Berman Museum _____ Anniston Museum _____ Longleaf Event Center

Name: _____

Billing address: _____

_____ City _____ State _____ Zip Code

Phone: _____ E-mail _____

Point of Contact (if other than renter) _____

Email/ Phone number point of contact _____

Event time: _____ Approximate number attending _____

_____ Standing Reception _____ Seated Dinner _____ Meeting _____ Theater style

**Alcohol _____ Yes _____ No

**Rules and Guidelines must be followed. Some restrictions and additional fees may apply.

Signature

Date

Programs Manager

Date

Attn: Programs Manager

Anniston Museum 800 Museum Dr. P.O. Box 1587 Anniston, Al. 36202

Berman Museum 840 Museum Dr. P.O. Box 2245 Anniston, Al. 36202

Longleaf Event Center 920 Museum Dr. Anniston, Al 36206

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