



SANTA BARBARA MUSEUM
OF NATURAL HISTORY

Facility Rental Application

Applicant Information

Name of Applicant: _____
(Organization or Individual)

Contact Name: _____

Address: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Event Information

Type of Event: _____ Purpose of Event: _____

Event Date(s): _____ Number of Guests: _____

Preferred Facility: _____ Alternative Facility: _____

Time of Actual Event: _____ Preferred Set-up Time: _____

Event Details

Will food be served: _____ If so, describe: _____

Will alcohol be served: _____ Host/No-host: _____

Will the event include music: _____ If so, describe: _____

Will the event require AV: _____ If so, describe: _____

Signature of Applicant: _____ Date: _____

Please return to:

Special Events Coordinator
Santa Barbara Museum of Natural History
2559 Puesta del Sol Road
Santa Barbara, CA 93105
Fax: (805) 569-3170