

C.W. Parker Carousel Museum

320 South Esplanade
Leavenworth, KS 66048

CAROUSEL ROOM RESERVATION AGREEMENT

Please read the following information before completing the form.

Call 913-682-1331, with any questions.

For photos of past events in the Carousel Room please visit CWParker CarouselMuseum.org or like us on facebook.

Reservation details:

1. The Carousel Room can only be rented when the Museum is closed to the public.
2. Payment may be made with check, credit card (Visa, Master Card or Discover), or cash
3. The first hour is \$100 and each hour there after is \$50. There is a two-hour minimum. (There is no charge for one hour set up and tear down)
4. The use of the Carousel is an additional \$65 per hour.
5. Use of warming kitchen is \$20 per hour.
6. Limited use of the ice machine is available.
7. **CANCELLATION POLICY:** No refunds of deposits for reservations cancelled within seven days of the party date.

EVENT DATE _____		
TYPE OF EVENT _____		
EVENT START TIME _____	END TIME _____	SET UP TIME _____
USE OF CAROUSEL? ___ YES ___ NO		
IF YES, CAROUSEL START TIME _____	CAROUSEL END TIME _____	
APPROX NUMBER OF ATTENDEES- CHILDREN _____		ADULTS _____

ADDITIONAL ITEMS REQUESTED:

___ USE OF KITCHEN	___ MICROPHONE
___ PODIUM	___ 4' X 12' SERVING TABLE (COVERED WITH A WHITE VINYL TABLECLOTH)

TABLES (PLEASE LIST QUANTITY NEEDED BY SIZE REQUESTED)

___ ROUND

___ 8' BANQUET

___ 6' BANQUET

OTHER _____

CONTACT NAME _____ PHONE NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

TOTAL AMOUNT DUE \$ _____

DEPOSIT IS 50% OF THE AMOUNT DUE AND IS REQUIRED TO SECURE YOUR PARTY TIME AND DATE. NO RESERVATIONS WILL BE HELD WITH OUT DEPOSIT.

I have read the above information of the reservation and confirm they are correct including any additional information I have provided.

Signature _____ DATE _____

OFFICE USE

DEPOSIT PAID \$ _____ DATE RECEIVED _____ BALANCE DUE \$ _____

RESERVATION RECEIVED BY _____