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 CWParkerCarouselMuseum.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
__PODium
__MICROPHONE
__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______________________________________________________________