



DATE: \_\_\_\_\_

## STILLMAN HOUSE GARDENS RENTAL AGREEMENT

*(Effective for all rental agreements signed after 07/01/2024)*

Authorized BHA Agent: \_\_\_\_\_

Organization/Individual ("Lessee"): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Other phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Rental: \_\_\_\_\_

Function Type: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Time of event: Start \_\_\_\_\_ End \_\_\_\_\_

Caterer: *(Business Name)* \_\_\_\_\_

Caterer: *(Primary Contact Person)* \_\_\_\_\_

Address: \_\_\_\_\_

**Rental Rates:** First Hour: \$150.00      Each Additional Hour: \$50.00

*For Museum Office Use Only*

**Donation:** Historic Preservation Fund *(suggested min. \$50.00)* \_\_\_\_\_

Balance: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Final Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_