



VENUE RENTAL INQUIRY

Venue Rental Contact Name: _____

Email: _____ Phone: _____

Relationship to Renter(s): _____

Date of Initial Call or Visit: _____

How Did You Hear About Us? _____

Are You a Current Member of the Shemer Art Center (required) ___YES ___NO

Have You Reviewed Venue Rental Information on Our Website? ___YES ___NO

Type of Event: ___Wedding Ceremony/Reception (Full Facility Rental) ___Family Reunion

___Birthday Party ___Bridal/Baby Shower ___Other

Date(s) Interested In: _____

Estimated # of People: _____

Special Accomodations Needed? (ADA Accesibility, etc.) _____

Additional Questions? _____

FOR SHEMER STAFF USE ONLY:

Notes: _____

Shemer Staff Member: _____ Date: _____