

The Congressional Club Museum and Foundation

2001 New Hampshire Avenue, NW Washington, DC 20009

RENTAL APPLICATION

CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____

EVENT INFORMATION

Requested **Event Date:** _____

Weekday | Month | Day | Year

Weekday Day Saturday Sunday

Weekday Evening Saturday Evening Sunday Evening

Number of Attendees: _____

Event Start Time: _____

Event End Time: _____

Event Location: *(Please check all that apply.)*

Downstairs Upstairs

Event Type: *(Please select all that apply.)*

Seated Dinner Reception Meeting/ Lecture Wedding Ceremony and Reception

Other: _____

Wedding Coordinator (Name/Cell/Email): _____

Chairs

_____ Number of chairs requested (round tables and chairs included in venue rental)

Audio-Visual Information:

Piano (\$175 tuning fee applies)

My signature below indicates that I have read and understood The Congressional Club Rental Rates and Guidelines.

Client Signature _____ **Date** _____

Print Name: _____