

For office use only:
Event Confirmed: ____ Yes ____ No

NORMAN ROCKWELL MUSEUM

Event Application

Contact Name:	Today's Date:		
Event Planner contact (if applicable):			
Organization (if applicable):			
Address:			
City, State, Zip:			
Email:			
Cell #:	Home #:	Office #:	Other:

Type of Event: (wedding ceremony and reception, rehearsal dinner, business function, etc.)
Please describe your event, for initial planning purposes only: (i.e. - After-hours tour, cocktail party/reception, buffet or sit-down dinner, etc.)

Month/Day/Year of Event
Time duration (not including set-up and breakdown):
Space requested for event:
Number of guests (if an estimation, please give a range)
Caterer (only if you have a contract at this point):

Would you like to include access to Museum galleries during your event?	Yes	no
Will you have music? If so, describe:		
Are you serving alcohol?		

Please share any questions, concerns, or considerations you feel we haven't addressed in our initial planning conversations. Our events staff members have extensive experience and we are here to assist you in any way we can.

Please return form to: Dana Audia, Events Coordinator events@nrm.org or fax 413-931-2366 9 Glendale Road, P.O. Box 308, Stockbridge, MA 02162