

Fill out and fax to: Jenelle Cooper Tolson at (202) 287-3183 no later than 30 days prior to requested date.

Donor Events Application														
Applicant Information														
Name of Organization:														
Address of Org	janization:													
City:	te:	Zip Code:						e:						
Check One: Non-Profit Organization				-Profit	rofit Organization 🗆				Individual □					
If non-profit organization attach copy of 501-C-3 certificate  Date of application:														
Contact In	Contact Information													
Contact Person and Title:														
Contact Address:														
Daytime Phone:			Il Phone:			Fax: Em			Email:	imail:				
Alternate Contact Person:			Phone:				Email:							
Event Information														
Event Type (Please list the type of event - Meeting, Reception, Training, Retreat, Program, etc.):														
Date of Event:			Time of Even				Number of People Exp			le Expe	pected:			
Title of Event:														
Would you like to provide food at you event?			Yes: □ No: □		If ye	es	Box Lunch		h: □	Cater	ing: □	Snacks: □		
Do you need ACM to coordinate food for your event?			Yes: □	] No: □		es	Bo	Box Lunch: □		Catering: □		Snacks: □		
If using an outside caterer, you must provide a copy of cate insurance certificate.							NAME OF CATERER:							
Space(s) R	equested and Se	t-up	Requir	ements										
Which ACM space is requested? Check all that apply.			J			Galleries/Lobby (Only available after 5pm): □			Terrace: □					
Set-up Requested (List how many tables, chairs, stools, etc. are needed and in what formation.):														
Audio-Visual Equipment Requested (LCD Projector, Screen, CD Playback, Audio/Visual Recording, Laptop, Sound Capabilities, Podium, etc.).:														
***SMITHSONIAN POLICIES														
There are rules and regulations as to the types of events that can be held on Smithsonian Property. Please review the attached documents!														
Documents Enclosed: Smithsonian Directive 401 (Special Events Policy) and Donations Chart														
THERE IS SPECIFIC POLICIES ON MEDIA COVERAGE. WILL MEDIA BE A PART OF YOUR EVENT? YES □ NO □														
Museum Contact Person: Jenelle Cooper Tolson							Phone: (202) 633-4867 Email:					jctolson@si.edu		
Event Approvals – TO BE FILLED OUT BY ANACOSTIA COMMUNITY MUSEUM STAFF ONLY														
Anacostia Community Museum Contact Title														
Jenelle Cooper Tolson						Public Affairs Specialist (Events Coordinator)								
Signature:		ate:												
I authorize the requested use of space as specified this application.				Donat of Spa	eded fo	for use Yes.   No.			No. □	\$				
Name:					Title:									
Signature:							Date:							