Application for Use of the Smithsonian Castle

All organizations wishing to host a function at the Smithsonian Castle must submit this application to the Office of Special Events and Protocol (OSEP) for approval. The organization hosting the event or an event manager acting on behalf of the organization may submit an application. Complete the application by providing all requested information and return to OSEP. This application does not guarantee use of space. OSEP will review the application and may approve or disapprove the application. This is not an event contract. A contract will be provided for signature once the application has been approved. The event is not guaranteed until this application is approved, all parties sign an event contract, and initial payment has been received.

Name of O	rganization or Individual $_$		·				
Status:	Government Agency	For-Profit	Nonprofit				
	Individual	Other (specify) _					
Primary Co	ntact						
Name of th	e renter if different from t	he primary contact					
Title							
PhoneCell							
Email							
Website							
Street Addı	ress						
Mailing Add	dress (if different)						
City	tyStateZip						
Sponsor or	Underwriter of event (if ar	ny)					
Have you h	osted an event at the Smit	hsonian before? (Specify the	e museum)				
Event Infor	mation						
Type of Eve	ent (select one):	Corporate/Association					
		Wedding					
		Personal/Social (birthday/anniversary parties)					
		Nonprofit Fundraiser					
	cannot hold social events for eas, prom parties, children's		bar and bat mitzvah parties,				
Name of Ev	/ent						
Please Des	cribe Event		-				
1 st Choice E	Event Date(s)						
2 nd Choice	Event Date(s)						

Event Starting	g Time					
Event Ending	Time					
Estimated Ma	ximum Attendance					
Do you expec	t to have news media at y	your even	t?	No	Yes	If yes, please describe below
Do you expec	t to film at your event?	No	Yes	If yes	, descr	ibe purpose below
Vendors						
any portion of approved. All to the event.	f their services, subcontra changes to the vendors n	actor cont nust be pr vices must	act inf ovide	formation	on mus EP in w	stle. If a vendor is subcontracting it be provided and the subcontractor riting, no later than [30 days] prior EP. Execution of a Rental Agreement
	ement Company Informat					
						Zip Code
Phone			Cel	I		
Email			W	ebsite_		
•	els of event management nation if known.	t compani	es are	being ι	ıtilized	, attach list of all companies and
Caterer						
Lighting Comr	oany					
Contact Name						
A/V Company	0.01					
Contact Name	e & Phone					
Florist						
	e & Phone					
Production Co	ompany					
	e & Phone					
Valet / Transp	ortation Company					
Contact Name	e & Phone					
Decor Compa	ny					
Contact Name	e & Phone					
	e Castle Special Events P					
Agree	Name					_ Date
-						

 $Please\ send\ completed\ application\ to\ Smithsonian Events@si.edu.$