



# Museum of Contemporary Art Detroit Facility Rental Inquiry Form

Organization: \_\_\_\_\_

Non-profit / Tax ID# \_\_\_\_\_

Event Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Date(s) of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Time/Duration of event: \_\_\_\_\_

Expected set-up time: \_\_\_\_\_ Expected take-down time: \_\_\_\_\_

Estimated Number of Guests: \_\_\_\_\_ Private Event or Open to the Public? \_\_\_\_\_

Ticketed Event?  Yes  No Alcohol Service?  Yes  No

Galleries you intend to rent:  Café (minimum 250 capacity)  West Gallery (410 capacity)  South Gallery (92 capacity)  East Gallery (153 capacity)  Entire Museum (905 capacity)

Description of event (If more space is needed please attach.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment requested (If more space is needed, please attach. Include all needs such as AV, podium, lighting, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services requested:  
Valet Parking?  Yes  No Traffic control?  Yes  No Coat Check?  Yes  No

Additional Comments/Questions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please e-mail, fax or mail your completed form to:  
Renee Bernier, MOCAD Programs + Events Assistant  
4454 Woodward Ave., Detroit, MI 48201  
E-mail: rbernier@mocadetroit.org  
Fax: (313) 832-4665

Upon receipt of the MOCAD Facility Rental Inquiry Form, our staff will review your application. You will receive notification within 7 days of your submittal regarding facilities rental.