

# *Application*

*The Gallery at ArtsTech*

*1522 Holmes*

*Kansas City, MO 64108-1536*

*(816) 461-0201*

**IMPORTANT:** Please complete all information, and return ASAP.  
Gallery rental will be null and void if this form is not completed, returned  
with deposit and approved within two weeks of the application date.

**Function Date(s)** \_\_\_\_\_

**Day(s) of Week (Please Circle)**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Name of Organization or Individual \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone # \_\_\_\_\_

Business Telephone # \_\_\_\_\_

Mobile Telephone # \_\_\_\_\_

Fax# \_\_\_\_\_

E-mail \_\_\_\_\_

**Requested Hours** \_\_\_\_\_ **to** \_\_\_\_\_

**Intended Use** \_\_\_\_\_

Approximate Attendance \_\_\_\_\_

## **Cater Information**

Name of Caterer (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

*I have completed this application/agreement and I have read and understood and agree to the Gallery rental policy which is incorporated herein by reference.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**THE FOLLOWING TO BE COMPLETED BY ARTSTECH:**

RENTAL FEE \$	AMOUNT	AMOUNT RECEIVED	CHECK #	DATE PAID
<b>\$500.00 – Gallery Rental \$100.00 – Security Deposit</b>				
<b>Amount Received for Rental</b>				
<b>Amount Received for Security Deposit</b>				
<b>Additional Costs</b> *Building staff, \$15/hr *Security staff; \$29/hr ..*Equipment costs (see Agreement page)				
<b>Amount and Date of Security Deposit Return</b>				

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date