



Event Starting Time \_\_\_\_\_

Event Ending Time \_\_\_\_\_

Estimated Maximum Attendance \_\_\_\_\_

Do you expect to have news media at your event?    No    Yes    If yes, please describe below

Do you expect to film at your event?    No    Yes    If yes, describe purpose below

**Vendors**

A vendor is any company providing services to Lessees within the Castle. If a vendor is subcontracting any portion of their services, subcontractor contact information must be provided and the subcontractor approved. All changes to the vendors must be provided to OSEP in writing, no later than [30 days] prior to the event. All vendors providing services must be approved by OSEP. Execution of a Rental Agreement is not an approval to use the vendors listed.

Event Management Company Information (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

If multiple levels of event management companies are being utilized, attach list of all companies and contact information if known.

Caterer \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Lighting Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

A/V Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Florist \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Production Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Valet / Transportation Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Decor Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

**I have read the Castle Special Events Policy and agree to comply with it:**

**Agree    Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send completed application to [SmithsonianEvents@si.edu](mailto:SmithsonianEvents@si.edu).