



Rental Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____

Telephone: _____ Cell: _____

E-mail: _____

Date of event: _____ Time: _____

Type of event (reception, seated dinner, etc.): _____

Approximate number of guests: _____

Organization or corporate event: _____ Yes _____ No

Private social event (including Jewish life cycle events): ____ Yes ____ No

If yes, please describe: _____

Museum space requested:

_____ Scheuer Auditorium

_____ Offit Gallery

_____ Café Weissman

_____ Skirball Lobby

Signature

Date

Please return form to:

Sharice Joseph

The Jewish Museum

1109 Fifth Avenue

New York, NY 10128

Ph: 212.423.3239

Fax: 212.423.3216

E-mail: rentals@thejm.org