

Milan Museum 10 North Edison Drive Milan, OH 44846 419.499.2968 Facsimile 419.499.9004 www.milanhistory.org

Requested Date:		
Participants Name(s):		
Company Name:		
Address:		
E-mail:		
Home:	Work/Cell:	_
Estimated total guests:		-
Estimated time of event:		
Food Vendor:		
private function where access is restrict	ED if an individual or organization intends to provited to invited guests only, such as a wedding recept.  J. Food vendors must supply a valid food permit.	tion for which no admission fee is
Special Requests: -		
My signature below attests to the	e fact I have read and agreed to abide by al	ll Milan Museum policies.
Signature	Date	