



STATE  
HISTORICAL  
SOCIETY  
of North Dakota

## FORMER GOVERNORS' MANSION STATE HISTORIC SITE USER'S AGREEMENT (2-7-13)

Events held at the Former Governors' Mansion State Historic Site require reservations scheduled with the site supervisor at [jcampbell@nd.gov](mailto:jcampbell@nd.gov) or by calling 701-328-9528

Name of User		Email	
Address		City	State      Zip
Contact Person		Telephone	Date(s) Requested
Area requested.  North and South Parlor      Kitchen  West Lawn      East Lawn      North Lawn		Room Arrangement  U-Shape      Classroom T-Shape      Theater Conference      Banquet  Other:	
Setup for events held on the Mansion lawn are the responsibility of the user.			
Number of People	Number of Hours	Comments	
The Following equipment is available TV w/DVD      100-cup Coffeepot (coffee not provided)      Tablecloths and cloth napkins* Podium      30-cup Coffeepot (coffee not provided)      Tea settings* Freezer      24-cup Coffeepot (coffee not provided)      Coffee cups, small plates, silverware* Bar Fridge      8-cup Coffeepot (coffee not provided) <span style="float: right;">*Maximum of 32 people</span>			

Interior -\$45.00 an hour*.      # of Hours _____ x\$45 Lawn -\$100.00 for a 8 hour block.      Other fee's _____ Educational/non-profit event fee's waived	<h3>Total Amount Due*</h3>
*Rental of the interior reserves the lawn for your event.	*Do not forget to add time for setup/cleanup if needed.

Please make checks payable to the State Historical Society of North Dakota. State agencies will be Inter-Departmental Billed (IDB) quarterly, unless otherwise noted.

I have read this agreement and agree to follow the guidelines set forth in the attached *Users' Guide for the Former Governors' Mansion State Historic Site*, State Historical Society of North Dakota, which is hereby made a part of this agreement.

**Please return two copies of this form if you wish a copy returned for your records**

Signature of Representative of Organization	State Agency Department Number	Date
Signature of Historic Preservation Representative		Date
Signature of Director of the State Historical Society of North Dakota		Date

Return payment, along with a copy of this agreement to:      State Historical Society of North Dakota  
612 East Boulevard Avenue  
Bismarck, ND 58505