



NOYES
MUSEUM OF ART
STOCKTON COLLEGE

Special Event Request Form

Please complete this form if you are interested in hosting an event at the museum and would like to schedule a site inspection with a member of our events staff.

Today's Date: ____/____/____

Contact Name: _____ Title: _____

Company/Organization: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Date: ____/____/____

Event Times: _____ -- _____

Event Name: _____

Event Type: _____

Event Space Desired: Entire Museum Central Gallery + Deck Only

Dining Style: Served Seated Dinner Buffet Cocktail Reception/ Passed Hors D'Oeuvres

Number of Guests: _____

Potential Outside Services:

(Please check those that apply to your event)

___ Audiovisual (Projector, Sound System)

___ Photographer

___ Beverage (Alcohol)

___ Valet

___ Food (Caterer)

___ Floral

___ Electrical/Lighting

___ Rental Equipment

Description of Event:

How did you hear about The Noyes Museum's facility rental? _____

Please return this completed form to Kristin Pagnani, Assistant Director of Operations at the Noyes Museum of Art
Email: kristin@noyesmuseum.org · Phone: (609) 652-8848 x306 · Mail: 733 Lily Lake Rd, Oceanville, NJ 08231