Stillman House Museum Gardens
Brownsville Historical Association

DATE: _____

STILLMAN HOUSE MUSEUM GARDENS RENTAL AGREEMENT

(Effective for all rental agreements signed after 08/01/2026)

AUTHORIZED BHA AGENT: _____

Organization/Individual *("Lessee"):* _____

Phone (cell): _____ Other phone: _____

Address: _____

Date of Rental: _____

Function Type: _____

Number of Guests: _____

Time of event: Start _____ End _____

Caterer: *(Business Name)* _____

Caterer: *(Primary Contact Person)* _____

Address: _____

Rental Rates: First Hour: $150.00 Each Additional Hour: $50.00

For Museum Office Use Only

Donation: Historic Preservation Fund *(suggested min. $50.00)* _____

Balance: _____ Date: _____ Staff Initials: _____

Payment: _____ Date: _____ Staff Initials: _____

Final Payment: _____ Date: _____ Staff Initials: _____

**Rental packages including guided tours of museum is $300.00 per hour.*