



**STATE  
HISTORICAL  
SOCIETY**  
of North Dakota

**FORMER GOVERNORS' MANSION STATE HISTORIC SITE  
USER'S AGREEMENT (3-19-10)**

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 Parlor    South Parlor    Kitchen West Lawn    East Lawn    North Lawn Setup for events held on the Mansion lawn are the responsibility of the user.		Room Arrangement U-Shape    Classroom T-Shape    Theater Conference    Banquet Other:	
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 (\$10.00 laundry fee) Podium    30-cup Coffeepot (coffee not provided)    Tea settings (tea not provided)(\$10.00 washing fee) Freezer    24-cup Coffeepot (coffee not provided)    Coffee cups and dessert plates (\$10.00 washing fee) Bar Fridge    8-cup Coffeepot (coffee not provided)    Forks, knives and spoons (\$10.00 washing fee)			

Interior -\$35.00 an hour*. Lawn -\$75.00 for a 6 hour block.	# of Hours _____ x\$35 Other fee's _____	<b>Total Amount Due*</b>  <small>*Do not forget to add time for setup/cleanup if needed.</small>
<small>*Rental of the interior reserves the lawn for your event.</small>		

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 two copies of this agreement to:  
 State Historical Society of North Dakota  
 612 East Boulevard Avenue  
 Bismarck, ND 58505