2868 Mission Street, San Francisco, CA 94110

BOOKINGS (415) 643‐2776 • OFFICE (415) 821‐1155 • FAX (415) 648‐0933 bookings@missionculturalcenter.org

EVENT PROPOSAL FORM

PLEASE FAX, EMAIL, OR DROP OFF THIS FORM TO THE RECEPTION DESK

APPLICANT/EVENT INFORMATION:

1. NAME OF APPLICANT(S):

Type of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non‐Profit? YES\*/NO

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: Day ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*MCCLA offers a discounted rate for Non‐Profit entities. Entities with a 501c(3) status are eligible to receive a 10% discount off of the total bill. A verification of the 501c(3) status must be submitted at the time of deposit.*

2. DESCRIPTION OF EVENT

Please describe your event in the space provided below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of people expected:\_\_\_\_\_\_\_\_\_\_ Admission Price if applicable:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adults(over21):\_\_\_\_\_\_\_\_\_\_ Youths:\_\_\_\_\_\_\_\_\_\_

DATE(S) FOR YOUR EVENT:

CHOICE(S)# 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME OF YOUR EVENT:

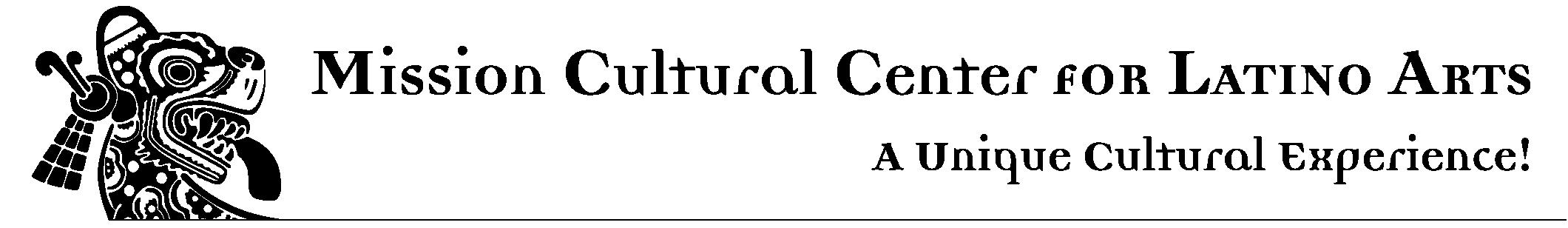
Total hours needed:\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_ Setup start:\_\_\_\_\_\_\_\_\_\_ Event start:\_\_\_\_\_\_\_\_\_\_\_ Event end:\_\_\_\_\_\_\_\_\_\_ Cleanup end:\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_ Setup start:\_\_\_\_\_\_\_\_\_\_ Event start:\_\_\_\_\_\_\_\_\_\_\_ Event end:\_\_\_\_\_\_\_\_\_\_ Cleanup end: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | SPACE(S) NEEDED |  |  |  |
|  | Lobby | Theatre Only | Theatre with Light & | Theatre with |
|  |  |  | Sound Tech. | Light & Sound |
|  |  |  |  | Tech., and Lobby |
|  | Salita | Main Gallery | Inti‐Raymi Gallery | Dance Studio A |
|  | (Meeting Room) | (Large Gallery)\* | (Small Gallery)\* |  |
|  | Dance Studio B | Music Studio C | Art Studio D | Dance Studio E |
| *\*Gallery is available only if approved by the Gallery Coordinator* | | |  |  |
| 4. | EQUIPMENT NEEDED |  |  |  |
|  | Tables | Cocktail Tables | Chairs | Video Projector |
|  | Video Projector | DVD | Portable Sound System | Microphones |
| 5. | EVENT INFORMATION |  |  |  |
|  |  |  | YES | NO |

1. Event limited to invites only?
2. Event open to public?
3. Refreshments to be served?
4. Commercial use of catering to be used?
5. Wine or beer to be served?
6. Hard liquor to be served?



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If YES either “E” or “F” above:

How will service of alcoholic beverages be handled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What will be done to assure that absolutely no minors (Under the age of 21) will be served? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Liquor Sales and/or Service

Department of Alcoholic Beverage Control (ABC) 71 Stevenson Street, Suite 1500

San Francisco, CA 94105 (415) 356‐6500 www.abc.ca.gov

Would you like to receive our Monthly Calendar of Event? If YES, please indicate which method you would prefer?

Yes No

E‐Mail Mail

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E‐Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_