



Mission Cultural Center FOR LATINO ARTS

A Unique Cultural Experience!

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:

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 & Sound Tech.

Theatre with Light & Sound Tech., and Lobby

Salita (Meeting Room)

Main Gallery (Large Gallery)*

Inti-Raymi Gallery (Small Gallery)*

Dance Studio A

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

Table with 3 columns: Question, YES, NO. Rows include: a) Event limited to invites only?, b) Event open to public?, c) Refreshments to be served?, d) Commercial use of catering to be used?, e) Wine or beer to be served?, f) Hard liquor to be served?



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If YES either "E" or "F" above:

How will service of alcoholic beverages be handled? _____

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

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?

Yes

No

If YES, please indicate which method you would prefer?

E-Mail

Mail

Name: _____

Address: _____

E-Mail: _____