



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

	YES	NO
a) Event limited to invites only?	<input type="checkbox"/>	<input type="checkbox"/>
b) Event open to public?	<input type="checkbox"/>	<input type="checkbox"/>
c) Refreshments to be served?	<input type="checkbox"/>	<input type="checkbox"/>
d) Commercial use of catering to be used?	<input type="checkbox"/>	<input type="checkbox"/>
e) Wine or beer to be served?	<input type="checkbox"/>	<input type="checkbox"/>
f) Hard liquor to be served?	<input type="checkbox"/>	<input type="checkbox"/>



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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: _____