



NON PROFIT REQUEST FOR USE OF THE MMSC

(Only One Date per Request Form)

Date Requested: _____ Day of Week: _____

Time – From: _____ To: _____ Est. Number of Guests: _____

Purpose: _____

Requestor Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Room(s) Requested: Main Room ½ Main Room Conference Room

Current Rental Fees & Room Capacity (Cleaning Fee Deposit & Rental Deposit required when agreement is signed)

| | Main Room \$70/hour 501(3) Rate | Conference Room \$20/ hour 501(3) Rate |
|---|------------------------------------|---|
| Capacities: | | |
| All persons sitting in chairs, no tables | 180 | 15 |
| Sit-down dinner | 130-150 | N/A |
| Cleaning Fee Deposit: | \$150 | \$0 |

Signature: _____ Date: _____

Note: This is not a Rental Agreement. This Request for Use must be reviewed by the Mira Mesa Senior Center Management to determine availability of the requested room(s) and that the requested purpose is allowable under our Special Use Permit (SUP) agreement with the City of San Diego. You will be contacted within 3 business days of the request regarding availability, and if approved, to sign the Rental Agreement and submit the required deposit.

Received By: _____ Date: _____