

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 In	formation:			
Name:				
Address:				
		Email:		
Room(s) Req	uested: Main Room	n □ Conference Room	า	
Current Rent	al Fees & Room Capacity (Cleaning Fee Deposit & Rental I	Deposit required when agreemen	t is signed)
		Main Room	Conference Room	
		\$70/hour 501(3) Rate	\$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 T	his Request for Use must l	be reviewed by the Mira Me	sa Senior
	•	•	oom(s) and that the request	
			the City of San Diego. You w	
			pility, and if approved, to sig	
Agreement a	nd submit the required de	posit.		
Docoived D.			Date	
neceived by:		Date:		