

## **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:			
Phone: Em		Email: _	
Room(s) Req	uested:   Main Room	□ Conference Room	
Current Rent	al Fees & Room Capacity	(Cleaning Fee Deposit & Rental I	Deposit required when agreement is signed)
		Main Room	Conference Room
		\$120/hour Standard	\$25/hour Standard Rate
	Capacities:	Rate	
	All persons sitting in chairs, no tables	180	\$15
	Sit-down dinner	130-150	N/A
	Cleaning Fee Deposit:	\$150	\$0
Signature:			_ Date:
Center Mana is allowable contacted w	agement to determine ava under our Special Use Per	nilability of the requested ro mit (SUP) agreement with t e request regarding availab	be reviewed by the Mira Mesa Senior bom(s) and that the requested purpose the City of San Diego. You will be bility, and if approved, to sign the Renta
Received By:			Date: