

Mid-County Senior Center

829 Bay Ave • Capitola, Ca 95010 • 831/476-4711 • mcsc4u@att.net • mcsc-capitola.org

RENTAL APPLICATION

Thank you for considering MCSC for your event! Please complete the following and submit to the MCSC Receptionist or email to mcsc4u@att.net. We will review your application, verify availability and if it meets our requirements, get back to you with an estimate.

APPLICANT

Date submitted _____

Your name _____

Co-applicant or responsible person _____

Private Party Nonprofit # _____ MCSC member (for more than 6 months)

Company/Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

ABOUT YOUR EVENT

Type of event _____

Number of people expected: Adults/minors _____/_____

Requested date(s) _____

Requested time (include time for setup and cleanup) Start: _____ End _____

Will alcohol be served? (Beer, wine, champagne only) Yes No

Will you need kitchen access? Yes. If yes, Serving only Cooking/prep No

Will you have amplified music? Yes No

Will you need? Microphone HDTV with HDMI

THANK YOU!

Office use: Date received _____ Accepted _____

Estimate sent _____ By _____