



Facility Rental Application

925 Main Street, Half Moon Bay, CA 94019 (650) 726-9056

APPLICANT INFORMATION:

Name (First & Last) _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Date of Birth: _____

Emergency Contact: _____

IF YOU ARE REPRESENTING AN ORGANIZATION:

Organization Name: _____ Non-Profit? Yes No

Address: _____

Phone: _____ Tax ID No. _____

FACILITY INFORMATION:

Room(s) Requested: _____

Date Requested: _____ Day of the Week: _____

I want access to the premises FROM _____ TO _____

Event start time: _____ Event end time: _____

EVENT INFORMATION:

Type of Event: _____ Attendees: Adults _____ Minors _____

Seating Arrangements: Theater (chairs only) Banquet (tables & chairs) None

Serving beer, wine/champagne? Yes No

Selling beer, wine/champagne? Yes No

If music, what type? _____

Special Requests: _____

Caveats and Conditions: (1) This Application must be completed and returned to us accompanied by a \$500 non-refundable, non-transferrable deposit. Your reservation is not

confirmed until such time as your completed Application and deposit are received by Senior Coastsiders. (2) Two weeks before your scheduled event you are required to provide us with a Certificate of Insurance in the sum of \$1,000,000, naming Senior Coastsiders as an additional insured. (3) The balance of charges for room rental and janitorial fees are due two (2) weeks before the event. Failure to meet any of the foregoing conditions will result in the cancellation of your reservation and forfeiture of your deposit.

My signature affirms all the above information is accurate and complete. If there are any changes in the above information after this application is accepted, I will immediately notify Senior Coastsiders.

DATED: _____
