



Senior Center Rental Inquiries

For Internal Use Only:
Contract Number: _____

Date: _____ ORGANIZATION (Please Print) _____
Are you a non-profit? []yes []no (if yes, please provide a 501(c)3

Name (Event Contact): _____

Address: _____ City: _____ Zip: _____

Email: _____ Tel: _____ Cell: _____

Event Information

Adult 18 & over: [] Anniversary [] Birthday [] Wedding [] Celebration of Life [] Other _____

Special Events: [] Silent/Live Auction [] Craft Fairs [] Other _____

Will Alcohol be served? [] Yes [] No (If yes, security is required, 1 per 50)

Children under 18: [] Quinceanera [] Baptismal [] Graduation [] Birthday [] Other _____

NOTE: Security guard required for all youth events (1 per 50 attendees). ALCOHOL is not permitted.

No. of attendees: _____ Start Time: _____ End Time: _____

[] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat [] Sun Event Date: _____ Alternative Date: _____

RENTERS PLEASE NOTE: For 8 hours blocked time: For example, 3pm – 11pm RENTAL HOURS INCLUDE TIME FOR PREPARATION and CLEAN UP. Music must end 1 hour before end of event. Guests must leave 30 minutes prior to end of event. Set up time and cleaning time is charged into each rental contract. Refundable Damage Deposit: \$750 for Wisteria Hall; \$250 for Classrooms. Wisteria Hall Maximum: Dining/dancing approximately 186 (mixed unarmed chairs). Dining only is approximately 200 (mixed chairs). Theatre seating approximately 200.

Additional Charges: [] Visual projector / microphone \$50 Wisteria Hall [] City, State, Federal Sponsored Meeting

Facility Information:

Wisteria Hall (Kitchen/Stage) Classroom AB Garaventa
Wiseteria A (Stage Side) Classroom A Dianda
Wisteria B (Kitchen Side) Classroom B
Bocce Court (1 2 3 4)

Other parties involved (provide name):

Caterer _____ DJ / Entertainer _____
DJ _____ Other _____

Cancellation Policy: 2 – 6 months prior to your event, 50% of your total rental fee is retained. Less than 2 months prior to your event, 100% of your rental fee is retained except the cleaning / damage deposit.

Method of Payment:

[] VISA [] MASTERCARD [] AMERICAN EXPRESS [] Cash (in person only) [] Check (payable to City of Concord)
EXP. DATE: _____

How did you hear about our facility?