Application for Room Reservation

1800 Market Street, San Francisco, CA 94102 Contact: RoomRentals@sfcenter.org 415-865-5631/ph, 415-865-5503/fax



Room Rental Process

- 1. Application submitted to the email or fax number listed above.
- 2. Room Rental Coordinator sends confirmation sheet and payment request.
- 3. The reservation will be booked once we have received the signed confirmation sheet and full payment.
- 4. For events booked the Rainbow Room, a Center representative will contact you to schedule a walkthrough before event.
- 5. An additional invoice may be mailed within a week after event if additional payment is needed.

Applicant Information

Organiza	ation										
Organiza	•	ре	□ 501.c.3 w	/ Budget unde	er \$50	00,00	0 🗆 50	01.c.3	w/ bud	get over \$	500,000
			□ governme	ent agency	□ In	dividu	ual □ C	ompa	ny		
Address					_						
Website						Company Phone ()		
Contact	name						Phone ()		
Email						Please	sign me up fo	or the S	SF LGB	Γ Center ne	wsletter
2 nd Contact name (if applicable)							Phone	()		
Email					☐ Please sign me up for the SF LGBT Center newsletter						
Billing De	etails										
					Doe	s this	s event hav	e a fis	scal sp	onsor?	□ yes □ no
Organiza	ation (if	diff	erent from abo	ove)							
Address											
Contact Person					Pho	ne		()		
Cmail											

Event Information

Event Title					Expected Attend	lance				
Type of Ever	nt	☐ Presentation	/class □ B	anquet Party/	Social Other	•				
Requested [Date(s)			Is this event over	er					
				multiple days?						
				Explain						
Time(s)	Setup	start:	Event start	: Event end:	Cleanu	p end:				
Droformed De	2 0 00 (a) (if a muliar	-1-1-)		Altamata Daam	(a) (if a a a li a a la la)					
	oom(s) (if applica	able)		Alternate Room	. , ,					
□ Q13 □ G	•	_ 000 _ 004		□ Q13 □ Gallery						
□ Rainbow Room □ 201 □ 203 □ 204 □ Rainbow Room □ 201 □ 203 □ 204 □ Rooftop Terrace □ + Lobby										
│ □ Rooftop T	errace + Lol	oby	□ Rooftop Terrace □ + Lobby							
Description of	of event and reg	gistration URL i	f applicable	e (please note any	alternative ways p	eople might				
describe your	event so that ou	r front desk volur	nteers can d	irect attendees to t	he right place):					
Room layout										
:::: ::::	: -			: I I						
						-/				
:::: ::::										
□ auditorium	□ boardroom	□ classroom	□ circle	□ U-shape	□ banquet	\square other				
Equipment r	equests (i.e. tal	oles/chairs, A/V	, podium, v	vhiteboard etc.)						
This event:										
		□ is open t	o the public	c / □ is private	•					
	□ accepts	drop-in guests	/ □ is b	oy registration/ap	pointment only					
		□ is free /	[/] □ costs	\$ per ticke	t					
□ will no	ot have food/dri	nk / 🗆 will offe	er snacks /	□ will have boxe	ed meal / 🗆 wil	be catered				
		□ will not have	alcohol /	□ will have alc	ohol					
Upon completion	of your reservation	on you may submit send event inforr	your event de nation if you a	etails for our web cale are interested.	endar. Please ask u	s where to				
Signature:			Date:							

The above signature indicates that you have agreed to abide by the SF LGBT Center's Policies and code of conduct. For the most up to date policies and procedures, please email roomrentals@sfcenter.org