PACIFICA COMMUNITY CENTER

From wedding receptions to parties, the Pacifica Community Center is a popular venue to hold all of your personal and social events. Our spacious locations and flexible arrangements can accommodate any event at an affordable price and our professional staff will guide you every step of the way. Our locations are an ideal place for ceremonies, wedding receptions, private parties, photo shoots, meetings and more.

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Each location is equipped with tables and chairs. A warming kitchen is available for rental. Every event includes a building attendant to assist you with questions and handle last-minute needs. Free parking is available to your guests in the Pacific Community Center parking lot located east of the building.

Our locations are all handicapped accessible.



To book your event, please email Imacario@pacifica.gov or call 650-738-7376 for an appointment.

RENTAL INFORMATION

Pricing on other side of page. See additional policies below:

- A security deposit of \$250 (private rentals) or \$500 (non-profit) is required to secure date & time.

 Security deposit will be refunded, pending approval from City staff. (Refunds may take up 30 business days).
- For private & commercial rentals, staff will setup the tables and chairs. Non-profits and fundraisers are responsible for setup.
- For all rental groups, client is responsible for clean-up and breakdown of tables and chairs.
- Rentals must secure insurance from an outside source. Proof of insurance must be provided 10 days before the event.
 - Coverage requirements: \$250,000 Personal Injury or Death, \$500,000 per Occurrence and \$250,000 Property Damage Liability.
- Insurance when serving or selling alcohol is required.
 - Selling alcohol requires client to obtain an ABC license from the state. Proof of insurance must be provided 10 business days before the event.
 - When alcohol is served, two security guards (one if under 100 guests) must be present during the event. Security guard information (name, badge ID, company) must be on file 10 business days prior to the event. Upon arrival for the event, guard must read and initial the security guard agreement stating their responsibilities during event.
- Extra time, unauthorized usage of equipment, damage to Community Center property, or failure to properly clean up may result in partial or full loss of security deposit and additional fees.
- Events utilizing entire building may require additional Building Attendants at an extra per hour fee.
- Kitchen is an additional flat rate of \$100 for use of warming and staging food only.
- Friday and Saturday permitted events MUST conclude and vacate building by 10:30PM.
- Weekday permitted events MUST conclude and vacated building by 9:30PM.

PACIFICA COMMUNITY CENTER PRICING GUIDE

All rates are hourly. Warming Kitchen and additional rooms may be added for an additional fee. A security deposit is required to reserve the booking. Community Center requires a <u>minimum 4-hour</u> event for weekend rentals. Capacities vary depending upon equipment used and table set-up. The capacity numbers listed below are based upon maximum allowed by Fire Department. To receive non-profit pricing, client must provide a copy of the <u>501c3</u> status.

Weekend rates: Friday after 1:30PM through Sunday.

	RES	SIDENT	& NO	N-RESI	DENT		
TYPE OF ROOM	LOCATION	Weekday Resident	Weekend Resident	Weekday Non-Res	Weekend Non-Res	SEATING ONLY	TABLES & CHAIRS
Large Size Room	Auditorium	\$64	\$107	\$107	\$161	125	105
	Card Room	\$43	\$81	\$48	\$86	42	28
Mid Size Rooms	Portola Room Craft Room	\$43 \$37	\$81	\$48 \$43	\$86 \$74	15 29	22
Small Size	Ceramics Room Game Room	\$21 \$21	\$69 \$53	\$26 \$26	\$74 \$59	29 15	10
Rooms	Art Gallery	\$21	\$53	\$26	\$59	N/A	Varies

	NON-PR	OFIT &	COMN	/IERICA	L PRICI	NG	
TYPE OF ROOM	LOCATION	Weekday Non-Profit	Weekend Non-Profit	Weekday Commercial	Weekend Commercial	SEATING ONLY	TABLES & CHAIRS
Large Size Rooms	Auditorium	\$37	\$81	\$134	\$182	125	105
	Card Room	\$21	\$59	\$53	\$86	42	28
Mid Size	Portola Room	\$21	\$59	\$53	\$86	15	11
Rooms	Craft Room	\$16	\$48	\$48	\$81	29	22
	Ceramics Room	\$16	\$48	\$31	\$81	29	22
	Game Room	\$16	\$48	\$31	\$59	15	10
Small Size Rooms	Art Gallery	\$16	\$48	\$31	\$59	N/A	Varies
ROOMS							





FACILITY USE APPLICATION & PERMIT

	FACILITY R	EQUESTED			
Community Center Parking Lot Max Cap: Varies \$250 Deposit Auditorium Max Cap: Seating 125 Tables/ Chairs 105 Kitchen \$100 Flat Fee for usage Dance Studio Max Cap Seating 70Tables/ Chairs 39	Card Room Max Cap Seating 42 Portola Roor Max Cap Seating 15 Craft Room Max Cap Seating 29 Ceramics Room Max Cap Seating 29	Art Gallery Tables/ Chairs 11 Max Cap Varies Meeting Room Max Cap Seating 7 Table/ Chairs 5 om			
	EVENT INF	ORMATION			
Event Name: (if applicable) Date/s of Event:		Type of Event:			
Date/s of Event.		Recurring Event: Weekly Monthly /A Monthly Weekly Monthly /A Monthly Monthly /A Monthly Mont			
Event Time: (Including setup and clean	up)am/p	m toam/pm			
Will you be renting the kitchen **\$100 additional fee required	Yes* No	Estimated Attendance:			
Will Food/Beverages be served?	Yes No	Music: Live Music D.J. N/A			
Will Alcohol be served? *Must have 1 security guard for <100 guests: 2 security guards for >100 guests	Yes* No	Will Alcohol be sold? **Must have ABC License **\$21 additional fee required			
	CONTACT IN	FORMATION			
Organization: (if applicable)		Non-Profit Tax ID #:			
•		Non-Profit Tax ID #: Email Address:			
(if applicable)					
(if applicable) Contact Name:	Credit Card Nu	Email Address: Cell or Evening Phone: CVC#:			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express:	Credit Card Nu	Email Address: Cell or Evening Phone: CVC#:			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card:	Credit Card Nu	Email Address: Cell or Evening Phone: CVC#:			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card: Address:		Email Address: Cell or Evening Phone: CVC#: Exp Date:			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card: Address: City: 2nd Contact Name: Group Type: Resident Non-Resident	State: lent	Email Address: Cell or Evening Phone: CVC#: Exp Date: Zip: Day Phone:			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card: Address: City: 2nd Contact Name: Group Type: Resident Non-Resident	State: lent	Email Address: Cell or Evening Phone: CVC#: Exp Date: Zip: Day Phone: Indraiser** Commercial Lups who are responsible for their own set up/clean up.			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card: Address: City: 2nd Contact Name: Group Type: Resident Non-Resident Non-Resident Note: Table/Chair set-up is not applicable to Note: Security Deposit: Date Paid: Amt:	State: State: Non-Profit/Fundraiser Gro	Email Address: Cell or Evening Phone: CVC#: Exp Date: Zip: Day Phone: Indraiser** Commercial Indraiser who are responsible for their own set up/clean up. SE ONLY Inid by: Check # CC Permit #:			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card: Address: City: 2nd Contact Name: Group Type: Resident Non-Resident Note: Table/Chair set-up is not applicable to Non-Resident Non-Reside	State: Ient	Email Address: Cell or Evening Phone: CVC#: Exp Date: Zip: Day Phone: Indraiser** Commercial Indraiser ** Commercial Indraiser who are responsible for their own set up/clean up. SE ONLY Inid by: Check # CC Permit #: Itchen Walk Through Completed Date:			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card: Address: City: 2nd Contact Name: Group Type: Resident Non-Resident Non-Resident Table/Chair set-up is not applicable to Non-Resident Resident Resident Non-Resident Non-Resi	State: State: Non-Profit/Fundraiser Gro OFFICE U \$250 \$500 Paid: Ki Ki Ki Ki Ki Ki Ki K	Email Address: Cell or Evening Phone: CVC#: Exp Date: Zip: Day Phone: Indraiser** Commercial Indraiser who are responsible for their own set up/clean up. SE ONLY Ind by: Check # CC Permit #: Itchen Walk Through Completed Date: -249ppl) \$149 (51-249ppl)			
(if applicable) Contact Name: Day Phone: Visa / Master Card / American Express: Full Name on Card: Address: City: 2nd Contact Name: Group Type: Resident Non-Resident Note: Table/Chair set-up is not applicable to Non-Resident Non-Reside	State: State: Non-Profit/Fundraiser Gro OFFICE U \$250 \$500 Paid: Ki Ki Ki Ki Ki Ki Ki K	Email Address: Cell or Evening Phone: CVC#: Exp Date: Zip: Day Phone: Indraiser** Commercial Indraiser who are responsible for their own set up/clean up. SE ONLY Ind by: Check # CC Permit #: Itchen Walk Through Completed Date: -249ppl) \$149 (51-249ppl)			