

MOUNTAIN VIEW CENTER FOR THE PERFORMING ARTS

# RECEPTION BOOKING REQUEST

Please consult the Audience Services Guidelines Booklet before completing this form.

Please return this form six weeks prior to your event. For assistance filling out this form, please contact the Audience Services Manager at (650) 903-6568, Fax: (650) 903-6560.

Licensee: \_\_\_\_\_

Requested Reception Date: \_\_\_\_\_ Requested Location: \_\_\_\_\_

For Event/Curtain Time: \_\_\_\_\_

Reception Name (*i.e.*, "Smith Properties Donor Reception"): \_\_\_\_\_

Authorized Reception Contact/Phone: \_\_\_\_\_

On-Site Reception Contact/Phone, if different: \_\_\_\_\_

Number of Guests Expected: \_\_\_\_\_

### In/Out Times

Requested Setup Time: \_\_\_\_\_ Caterer Arrival Time: \_\_\_\_\_

Requested Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Loadout Time: \_\_\_\_\_

### Catering

All foods must be prepared off-site by a licensed caterer. All pickups and deliveries must occur within the contracted period. No storage or refrigeration facilities are available.

Caterer: \_\_\_\_\_

Food Service (*please check all that apply*):  Passed Hors D'oeuvres  Hors D'oeuvres Buffet  
 Dessert Buffet  Pizza/Sandwiches  Dinner Service  Dinner Buffet

Requested Delivery Entrance: \_\_\_\_\_

Will alcohol be served?  Yes  No If yes, please complete the Alcohol Service Request Form on reverse of this page.

Please list alcoholic beverages: \_\_\_\_\_

Please list nonalcoholic beverages: \_\_\_\_\_

### Setup

Will you be using the existing café table and chair setup?  Yes  No

Please select how many 6' buffet tables to which you would like access:  0  1  2  3  4  
(For access to more tables, please speak to the Audience Services Manager for an estimate.)

Please select how many information bars you will be using:  0  1  2

### Special Requests

MVCPA USE

Date reception requested: \_\_\_\_\_ Host liquor liability certificate on file: \_\_\_\_\_ Type of reception (circle): A B C  
House staff assigned: \_\_\_\_\_ MVCPA liquor permission signature: \_\_\_\_\_

MOUNTAIN VIEW CENTER FOR THE PERFORMING ARTS  
**ALCOHOL SERVICE REQUEST FORM**

If alcohol service during a reception or event is a consideration:

Alcoholic beverages shall not be permitted to be served in the Center except when duly authorized by the Center's Executive Director and properly licensed in accordance with adopted policies and procedures. Permission must be requested in writing at least four (4) weeks in advance of the user's event. User must provide proof of host liquor insurance no later than three (3) weeks before alcohol is served.

User shall also serve nonalcoholic beverages and food. All food must be prepared off-site by a licensed caterer. All food and beverages will be provided to guests at no charge. Alcohol will be served by the user or the user's caterer. Anyone under the age of 30 must be checked for ID.

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Licensee: \_\_\_\_\_ Event Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Stage: \_\_\_\_\_

Authorized User Representative: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**User Requests Permission to Serve Alcohol at Reception**

Location of Reception:     Lobby     Balcony Lobby     Rehearsal Studio     Green Room  
                                   Other: \_\_\_\_\_

Time of Alcohol Service: From \_\_\_\_\_ to \_\_\_\_\_

Type of Alcohol (wine, beer, etc.) To Be Served: \_\_\_\_\_

Nonalcoholic Beverages To Be Served (mineral water, soft drinks, etc.): \_\_\_\_\_  
*(Nonalcoholic beverages and food must be served in addition to the alcoholic beverages.)*

Food To Be Served (appetizers, buffet dinner, etc.): \_\_\_\_\_  
*(All food must be prepared off-site by a licensed caterer.)*

Service Staff for Alcohol (name of caterer, volunteer group, etc.): \_\_\_\_\_  
*(Service staff must check IDs for anyone under the age of 30.)*

Signature of Authorized User Representative: \_\_\_\_\_ Date: \_\_\_\_\_

MVCPA USE Date of MVCPA approval: _____ Request denied: _____
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