



Mission Santa Clara-Event Application

500 El Camino Real
Santa Clara, CA 95053
Office: 408.554.4023
Fax: 408.551.7166

Please Review:

This is NOT a contract.

Dates and times subject to availability and all bookings are tentative until approved in writing.

Contact Information:

Group/Department Name: _____
Contact Person: _____ Contact Phone Number: _____
Full Address: _____ _____
SCU Affiliation: _____

Please indicate the Dates and Times you are interested in:

(Include alternate date should your first choice be unavailable)

1. Date (rehearsal): _____ Time: (start)_____ (end)_____
2. Date (performance): _____ Time: (start)_____ (end)_____
3. Date (alternate): _____ Time: (start)_____ (end)_____

Performance Information:

Name of Event: _____
Required #of Chairs (additional charge if this exceeds 400): _____
Mark all that apply: <input type="checkbox"/> Orchestra <input type="checkbox"/> Choir Total Number of Performers: _____
Ticket Sales: <input type="checkbox"/> YES <input type="checkbox"/> NO Ticket Price: \$_____ <input type="checkbox"/> Pre-Sale only <input type="checkbox"/> At-the-Door Sales
Ticket Purchase Phone Number: _____

Please Indicate other Anticipated Activities:

- Sound Amplification Dramatic Presentation Video Taping/Televising
Instrumental/Vocal Special Lighting

