



FACILITIES USE REQUEST FORM

WALLER CENTER

1525 Waller Street, San Francisco, CA 94117

(415) 665-5151 | office@wallercenter.org

Date of submission: _____

ACTIVITY/EVENT name: _____

PERSON/GROUP requesting use: _____

Name of NON-PROFIT Organization: _____

501(c)(3) Welfare Tax Exemption Statement and Certificate of Liability Insurance will be required.

Arrival date/time: _____

Set-up time (# of minutes) needed: _____

Departure date/time: _____

Clean-up time (# of minutes) needed: _____

Is this a recurring event? ☐ Yes ☐ No

Expected number of participants: _____

Room(s) requested: ☐ dormitories ☐ kitchen/dining room ☐ gymnasium ☐ chapel ☐ meeting room

ROOM SET UP AND CLEAN UP: (Please select)

☐ I will be responsible for room setup and cleanup. I agree to leave room(s) and room equipment in original condition after use.
Do you plan to bring extra equipment for your setup? ☐ Yes ☐ No

If yes, please list: _____

☐ I request help with room setup or obtaining items not found in the room. I understand that this will require a special charge.

Please describe your request:

FOOD SERVICE: (Check if applicable.)

Note: If a member of your party does not have Serve Safe Certification or equivalent, you will be required to meet with the site manager upon arrival before kitchen use.

☐ I plan to use the kitchen for food preparation. I agree to keep it clean and abide by Serve Safe guidelines and regulations.

The following person has Serve Safe Certification or will meet with the site manager upon arrival: _____

☐ I request help with meal preparation. I understand that the Waller Center does not have kitchen staff, and this will require a special charge.

Please describe your request:

PROGRAMS: (Check if applicable.)

Are you interested in our social justice seminar program? ☐ Yes ☐ No If yes, we will follow up with more information.

I AGREE TO BE RESPONSIBLE FOR: (Must check to indicate that you have read and understood)

☐ Using only the rooms and equipment that have been requested and confirmed.

☐ Not permitting smoking in any room. THE USE OF ALCOHOL AND ANY ILLEGAL SUBSTANCE IS PROHIBITED ON CAMPUS

☐ Closing all windows, turning off lights and locking all doors after use

☐ Returning assigned key(s) promptly after the event

Note: The Waller Center reserves the right to move your event to another time and/or space if unforeseen events make it necessary to do so.

Name/Signature:	Title:
Address:	Cellphone:
City/State/Zip:	Office:
Email:	

FOR STAFF USE ONLY

Request received by: _____ Date: _____ SU Confirmation # _____

User type: ☐ Church ☐ College ☐ Community group

Approved by: _____ Date: _____ ☐ Contract completed: Initials: _____ Date: _____