



**Presidio
Trust**

Event Information Form

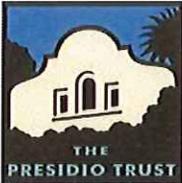
Hospitality Event Venues Phone Number: 415.561.5444

Fax Number: 415.561.7604 for Susan Gallentine Rowan Solomon Andrea Parker

Fax Number: 415.561.7688 for Mattie Pasion Melinda Durfee Other: _____

Form Instructions: Fax or Email this form along with your proposed Event Timeline and Layout, 30 days prior to your event date to your Presidio Trust Sales Representative. Please note that all proposed activities will not be permitted until all the required event information is received and approved by the Presidio Trust. Please review your Special Use Permit for your permitted venue access times, and for all other important event guidelines and fees.				
Event Name: (Please include Bride/Groom's name)	Event Date(s):	Permitted Rental Time Frame:	Venue Location(s):	Guest Count:
Rehearsal Date or Set-Up Day (if applicable):		Rehearsal Time and Room Location (if applicable):		
(1)Name of Authorized Onsite Event Contact/Planner:		Cellphone:	Email Address:	
Venue Access Time:	Caterer Arrival Time:	Event Start Time:	Event End Time:	Load Out Times:
Catering, Fire Permit and Rental Equipment Information:				
Full Service Catering Company:	On Site Catering Contact(s):		Cellphone:	
Use of Propane, Butane or BBQ or Tenting:	Yes <input checked="" type="radio"/> No <input type="radio"/>	List Fire Permits Applied for:		
Will alcohol be served:	Yes <input checked="" type="radio"/> No <input type="radio"/>	Beverage Company:	Contact:	Phone:
For Events and Wine Tastings, please confirm Full Liquor Liability documentation has been secured:				Yes <input checked="" type="radio"/> No <input type="radio"/>
Renting Presidio Trust equipment:	Yes <input checked="" type="radio"/> No <input type="radio"/>	Notes:		
Have your votive candles and proposed décor been approved:	Yes <input checked="" type="radio"/> No <input type="radio"/>	Notes:		
Vendor List (All vendors that require building access)				
Rental Company:	Contact:	Email:	Phone:	Load In Time: Load Out Time:
Wedding/Event Planning Company:	Day-Of Contact:	Email:	Cellphone:	
Officiant's Name (if applicable):	Contact:	Email:	Phone:	
Lighting Company:	Contact:	Email:	Phone:	
Florist:	Contact:	Email:	Phone:	
Band or DJ:	Contact:	Email:	Phone:	
Musicians:	Contact:	Email:	Phone:	
Photographer:	Contact:	Email:	Phone:	
Videographer:	Contact:	Email:	Phone:	
Audio-Visual Company:	Contact:	Email:	Phone:	
Cake:	Contact:	Email:	Phone:	
Transportation Company:	Contact:	Email:	Phone:	
Photo Booth:	Contact:	Email:	Phone:	
Other Vendor:	Contact:	Email:	Phone:	

1) Person designated by the Permittee, will be on-site throughout the event, and can authorize services which may incur additional charges.



Meeting Information Form

Main Special Events Phone: 415.561.5444

Fax: 415.561.7604

Form Instructions: Fax this form along with the Equipment Rental Form and proposed floor plan **no later than 30 days prior to your meeting.** *A service charge may be assessed for last minute (day-of) set-up revisions. Please refer to your Special Use Permit for your building access times and for a complete list of meeting guidelines and additional fees.

Date(s) of Conference:	Final Guest Count:
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Title of Conference	Permitted Hours:
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Venue Rented:	Room(s) Rented:
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Name of Person Completing This Form:

Phone Number:	E-Mail Address:
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Name of "day of" contact & cell phone number: (This person is authorized to request additional items)	
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MEETING LOGISTICS: Permit includes 9 hours between 7am - 6pm, or 8am – 6pm on weekends, and is inclusive of caterer and vendor set up and break down. Additional hours prior to 7am (8am on weekends) are at a rate of \$300 per hour or fraction thereof, or \$75 per half hour after 7am (8am on weekends). Subject to availability. Deliveries prior to permit time must be pre-arranged and will incur additional charges.

What time do you or your vendors need access to the building for set-up:

Meeting Start Time:	Meeting End Time:	Reception Following: <input type="checkbox"/> Yes <input type="checkbox"/> No
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What time will you be leaving the building:

Will you have any deliveries: <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery Date:	Delivery Time:
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CATERING: Drop off caterer must be selected from Trust approved list or additional fees may apply. Kitchen use is not included. Building buyouts are required to use a full service catering company. Conferences with 150 or more attendees require caterers to be on-site throughout the event.

Catering Company Name:	Phone Number:
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Arrival Time to Set-up:	Pick-up Time:
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Compost containers needed if caterer is using all compostable products: Yes No

Box Lunches. Yes No

Alcohol Served. Yes No

Fire Permits Submitted. . . . Yes No

Audio Visual/ Internet/ Phone: Additional fees apply.

Are you bringing in an outside A/V company: Yes No

Company Name:	Phone Number:
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Miscellaneous: Anything we should be aware of?



**Presidio
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Chapel of Our Lady - Event Information Form
Main Hospitality Phone Number: 415.561.5444

Form Instructions: Fax or Email this form 30 days prior to your event date to your Presidio Trust Sales Representative. (Please review your Special Use Permit for your permitted venue access times, and for all other important event guidelines and fees.)				
Event Name (please include Bride/Groom's name):		Event Date:	Permitted Rental Time Frame:	Final Guest Count:
Rehearsal Date:			Rehearsal Time:	
Name of Authorized Onsite Event Contact/Planner:			Cellphone:	Email Address:
Venue Access Time:	Event Start Time:	Event End Time:	Out Time:	Notes:
Catering Information: Will you be serving food or beverages in the courtyard? YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, please skip to Vendor List)				
Catering Company:		On Site Catering Contact:		Cellphone:
Will alcohol be served: YES <input type="checkbox"/> NO <input type="checkbox"/>		Beverage Company Contact:		Cellphone:
Audio Visual Request: Standing Mic (1) <input type="checkbox"/> Podium Mic (1) <input type="checkbox"/> iPod Hook-Up <input type="checkbox"/>				
Vendor List: All vendors that require building access				
Florist Company Name:	Contact Person:	Email:	Phone:	
Name of Wedding Coordinator's Company:	Contact Person:	Email:	Phone:	
Officiant's Name:	Contact Person:	Email:	Phone:	
Photographer:	Contact Person:	Email:	Phone:	
Musicians:	Contact Person:	Email:	Phone:	
Videographer:	Contact Person:	Email:	Phone:	
Transportation Company:	Contact Person:	Email:	Phone:	
Other Vendor:	Contact Person:	Email:	Phone:	

- 1) Florals or Decor that have not been removed within the contracted permitted hours will be subject to a storage/removal fee.
- 2) The use of confetti, glitter, rice, birdseed, pyrotechnics, bubbles, release of birds, or helium balloons or anything that may be thrown are strictly prohibited.
- 3) Tape is not permitted to be used on the wood pew



**Presidio
Trust**

Presidio Chapel - Event Information Form
Main Hospitality Phone Number: 415.561.5444

Fax Number: 415.561.7604 for Susan Gallentine Rowan Solomon Andrea Parker
 Number: 415.561.7688 for Mattie Pasion Melinda Durfee

Form Instructions: Fax or Email this form 30 days prior to your event date. (Please review your Special Use Permit for your permitted venue access times, and for all other important event guidelines and fees.)				
Event Name (please include Bride/Groom's name):		Event Date:	Permitted Rental Time Frame:	Final Guest Count:
Rehearsal Date:			Rehearsal Time:	
Name of Authorized Onsite Event Contact/Planner:			Cellphone:	Email Address:
Venue Access Time:	Event Start Time:	Event End Time:	Out Time:	Request for Historic Bell to ring at:
Catering Information: Will you be serving food or beverages in the garden? YES <input type="radio"/> NO <input type="radio"/> (If no, please skip to Vendor List)				
Catering Company:		On Site Catering Contact:		Cellphone:
Will alcohol be served: YES <input type="radio"/> NO <input type="radio"/>		Beverage Company Contact:		Cellphone:
Audio Visual Request: Standing Mic (1) _____ Podium Mic (1) _____ iPod Hook-Up _____				
Vendor List: All vendors that require building access				
Florist Company Name:		Contact Person:	Email:	Phone:
Name of Wedding Coordinator's Company:		Contact Person:	Email:	Phone:
Officiant's Name:		Contact Person:	Email:	Phone:
Photographer:		Contact Person:	Email:	Phone:
Musicians:		Contact Person:	Email:	Phone:
Videographer:		Contact Person:	Email:	Phone:
Transportation Company:		Contact Person:	Email:	Phone:
Vendor:		Contact Person:	Email:	Phone:

- 1) Florals or Decor that have not been removed within the contracted permitted hours will be subject to a storage/removal fee.
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