

(Due 24 hours prior to the event.)

OCEANSIDE MASONIC TEMPLE ASSOCIATION, INC.



P.O. Box 68, Oceanside, CA 92049-0068 (760) 757-2626 – events@oceansidemasoniccenter.org

LOCATED AT

Oceanside Masonic Center 511 Eucalyptus Street Oceanside, California

RENTAL REQUEST

Date Request Submitted

	Date Iteques	t Buomitteu		
Individual/Organization:				
Date(s) Requested:	Start Time:		Ending Time:	
Requesting: [] Entire Building	[] Lodge Room	[][Dinning Room	[] Kitchen
Estimated Number Attending:	_ Is Alcohol to be se	erved?[]	Yes [] No	CA Corp [] Yes [] No
Purpose of Event:				
Contracting Person and (if not the same)		_CA DLN	(or other government-i	ssued identification)
Contact Person:				
Phone:		_	Street Address/PO Box	
E-Mail:			Apartment/Unit/Space	
Signature of Contracting Person:			City, State, ZIP Code	
Date Received:B	y:		_ [] Approved	[] Disapproved
Building Rate (4 hours):	Additional Hours:	Rate/per hour:		Total:
Lodge Room (4 hours):	Additional Hours:	Ra	ate/per hour:	Total:
Dinning Room (4 hours):	Additional Hours:	Ra	ate/per hour:	Total:
Kitchen Rate (4 hours):	Additional Hours:	Ra	ate/per hour:	Total:
			(Grand Total:
Cleaning–Security Deposit Date Paid:	Check No.	Amount Paid:		ount Paid:
	Check No.	Amount Paid:		
(50% of the Grand Total)			Balance Due:	
Deposit – Date Paid:	Check No.	Amount Paid:		
		Balance Due:		
Final Payment – Date:	Check No.	Amount Pa		ount Paid: