

SUN CITY SHADOW HILLS ROOM RESERVATION REQUEST FORM

Name of Group/Club:	Contact Person:
Phone:	E-Mail (to be notified with confirmation):

Please review contract for applicable room and equipment fees.

Type of Event: Seminar			
Room Requested:	Number of Guests:	Date Requested: / /	Alternate Date: / /
Prep Start Time:	Event Start Time:	Event End Time:	Cleanup End Time:
Please briefly explain the prep time and cleanup time needed, if you are planning to cater with food and drinks:			
Total Room Fee:			

Equipment needed (<i>quantity / fee</i>):		
Portable PA /	Microphone (corded) /	Microphone (cordless) /
Microphone (headset)	Microphone (lapel) /	Lectern/Podium
TV/DVD/VCR /	Visual System /	CD/Cassette /
Napkins	Dry Erase Board /	
Tablecloths /	Tables /	Extension Cord /
Helium Tank Use /	Piano /	Juke Box /
Helium Charge /		

Type:	Charter Club	Resident Group	Resident	Non-Resident
Certificate of Liability:	Yes	No	Total Fee:	

Description of layout and/or additional comments for plan of event (use back if needed):

Signature: X	Date: X
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For office use only.

<input type="checkbox"/> Security Deposit	<input type="checkbox"/> Cash	Check #:	Amount:	Date: / /
<input type="checkbox"/> Rental Fee Received	<input type="checkbox"/> Cash	Check #:		Date: / /
<input type="checkbox"/> Deposit Returned	Amount Returned:			Date: / /
<input type="checkbox"/> Cancellation Fee:				Date: / /
<input type="checkbox"/> Post-Event Inspection (Checklist)		Completed by:		Date: / /
Received By:				Date: / /
Approved By:				Date: / /