

## SUN CITY SHADOW HILLS ROOM RESERVATION REQUEST FORM

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

*Please review contract for applicable room and equipment fees.*

Type of Event:	Private Party: Yes or No? _____		
<input type="checkbox"/> (SB407, please check the box and complete corresponding forms, Application for Use of Common Area Facility for SB407/Civil Code Section 4515 Purposes)			
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:			
<b>Total Room Fee:</b>			

Equipment needed ( <i>quantity / fee</i> ):		
Portable PA /	Microphone (corded) /	Microphone (cordless) /
Microphone (headset)	Microphone (lapel) /	Lectern /
TV/DVD/VCR /	Visual System /	CD/Cassette /
Coat Racks /	Dry Erase Board /	Flip Chart /
Tablecloths /	Napkins /	Extension Cord /
Shade Canopy /	Tables /	Helium Tank Use /
Helium Charge /	Piano /	Juke Box /
Keg Fridge /	Bar /	
<b>Total Equipment Fee:</b>		

Type:	Charter Club	Resident Group	Resident	Non-Resident
Certificate of Liability:	Yes	No	<b>Total Fee:</b>	

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

**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: / /
Amended By:				Date: / /