

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:			
Total Room Fee:			

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

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):
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Signature:	Date:
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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:
Amended By:				Date: