



## Sun City Shadow Hills ROOM RESERVATION REQUEST FORM

Contact Person Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (for confirmation): \_\_\_\_\_

Reservation Type (circle):

Charter Club	Resident Group	Private Event (SCSH Resident)	Private Event (Non-Resident)
--------------	----------------	-------------------------------	------------------------------

Club/Resident Group Name (if applicable): \_\_\_\_\_

☐ (SB407, please check the box and complete corresponding forms, Application for Use of Common Area Facility for SB407/Civil Code Section 4515 Purposes)

### Event Information

Purpose of Event: \_\_\_\_\_

Room Requested: \_\_\_\_\_

# of Guests: \_\_\_\_\_

Total Room Fee \* : \$  \* Refer to attached fee schedule (if applicable)

Date Requested: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Prep Start Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Event End Time: \_\_\_\_\_

Cleanup End Time: \_\_\_\_\_

Certificate of liability (circle):

Yes	No
-----	----

Please briefly explain the prep and cleanup time needed, if catering with food and drinks:

--

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

--

Total Equipment Fee \* : \$  \* Refer to attached fee schedule (if applicable)

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:

Revised 10/12/23