



SUN CITY LINCOLN HILLS COMMUNITY ASSOCIATION

Facility Reservation Request Form

Please submit this form for review to Lifestyle Room Booking Coordinator, preferably one month before your event **BUT no later than 7 working days prior to event date**. Requests are not guaranteed. Submit by email (Room.Bookings@sclhca.com), or hand it to the Lifestyle Front Desk.

Event Name: _____ SCLH Club Name: _____

Contact: _____ Phone #: _____ Email Address: _____

Address: _____

Event Date: _____ Room Desired: _____ # of Guests: _____

Please provide three alternative options for event date/time in case your first choice is unavailable.

Choice 2: _____ Choice 3: _____ Choice 4: _____

*Set Up Time: From _____ To _____ Event Time: From _____ To _____

**Advised set up times for room requests are 15 minutes for meetings, 30 minutes for parties/socials. If event requires a special set up please indicate above. Room must be vacated at end time.*

Room Set-up: Theater Style _____ Rounds of 10 _____ Cards of 4 _____ Perimeter Seating _____

Registration Table _____ w/ chairs (indicate how many) _____ w/o chairs _____

Head Table _____ w/ chairs (indicate how many) _____ w/o chairs _____

Resource & Equipment Requirements (please indicate how many):

Chairs:	Microphones:	Tables:	A/V Presentation:
White Board:	Headset:	Card	Slide Projector:
Wooden Easel:	Lapel:	Round	Overhead Projector:
55" TV/DVD/VCR:	Wired:	Rectangle 6'	LCD/INFOCUS Projector: <i>(used for PowerPoint & website presentations)</i>
Boom Box:	Wireless:	Rectangle 8'	
Wooden Podium:	Floor Stands:		Screen:
Smart Podium: (only available in KPH)	Table Stands:	Piano:	PC Laptop:
	Small PA (3 inputs):	Baby Grand:	Computer Portable Speakers:
	Large PA (8 inputs):	Electric:	

Is assistance needed at the start of your A/V or audio presentation? Yes _____ No _____

For Kilaga Springs Kitchen (Placer, California, Lincoln rooms) Rental:

Buffet Tables (only in Social Kitchen -indicate how many) _____

For Sports Pavilion Rental:

Monitor's Station: _____ Propane Barbeque: _____ Outdoor Propane Heater: _____

Please draw in space below how you want your room setup with tables, chairs and equipment.

Comments/ADA Accommodations/Special Instructions: _____

Submitted by: _____ **Date Submitted:** _____

<p><u>For Staff Use Only:</u></p> <p>Date Received: _____ Posted by: _____ Date: _____ BEO # _____</p>
