



SUNSET CENTER ROOM RESERVATION REQUEST

Please fill out the Reservation Request form completely and return it with your Room Set Up Request. You may email or fax the form back to Sunset Center at: communitysvcs@sunsetcenter.org or Fax to 831-624-0147. For questions or additional information, please call 831-620-2040.

Meeting/Event Name:		
Requestor:		
Telephone:	Fax:	
Email:		
Address:		
City:	State:	Zip:
Sponsor Organization:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit If Non-Profit, please provide your 501(c) (3) ID Number:		
Requested Room(s):		
Requested Date(s):		
Start Time:	End Time:	
Number Attending:	Attendee Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Fee: \$
Food/ Beverage Service Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include completed Food Service Order)		
Bank Reference:		
Branch:	Checking: <input type="checkbox"/>	Savings: <input type="checkbox"/>
Professional/Personal Reference Contact:		
Name:		
Telephone:	Fax:	
Address:		
City:	State:	Zip:
Date:		
Name:		
Signature:		

For Office Use Only:

Date Received:	Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-Profit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Commercial: Yes <input type="checkbox"/> No <input type="checkbox"/>
Room Use Fee: \$	Other:		Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Set Up Request: Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-Profit Cert: Yes <input type="checkbox"/> No <input type="checkbox"/>		Insurance Cert.: Yes <input type="checkbox"/> No <input type="checkbox"/>
Food / Beverage Service Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>		Food / Beverage Service Order Form: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food / Beverage Service Ordered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Agreement Signed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Annual Agreement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
On Calendar: Yes <input type="checkbox"/> No <input type="checkbox"/>			