

## **Meeting Room Reservation Request Form**

Customer or Authoriz	ed Agent Name				
Birthdate	(	Gender			
Phone	E	- mail			
Home Address		_			
City			State	Zip Code	
Organization/ Compo	any Name				
Nonprofit Tax ID#					
Address					
City			State	Zip Code	
County Department			Division		
GL Index	GL Sub Object		JL Key	JL	Object
Date(s) Requested					
Time Requested		to		Including all set up	and clean up time.
Number of People	This includes your guests, staff, volunteers, and vendors.				
Facility	<ul> <li>Aptos Village</li> <li>The Lorenzo R</li> <li>Live Oak Com</li> <li>Quail Hollow R</li> <li>Valencia Hall</li> </ul>	loom at tl nmunity C	-	s House oom A 🛛 Room B	□ Both Rooms A & B
Add-ons			-	rk and Highlands Hou nter Room A only)	ise only)

I have read and understand all policies detailed in the Conditions of Use. I agree to the cancellation policy.

## **Requestee Signature**

Date

Please submit this form by email or at our office at the address above.

Please see our Conditions of Use and Rental Rates documents at scparks.com for more information.