



**SHEPARD GARDEN & ART CENTER
RENTAL APPLICATION**

EVENT

Please indicate the type of event you would like to hold at the Shepard Garden Center. Please note that as a courtesy to our neighbors, the Center is not available for weddings or wedding receptions. (Please check all that applies.)

- | | |
|---|---|
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Anniversary |
| <input type="checkbox"/> Class | <input type="checkbox"/> Retirement Party |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Baby Shower |
| <input type="checkbox"/> Luncheon | <input type="checkbox"/> Memorial Service |
| <input type="checkbox"/> Birthday Party | <input type="checkbox"/> Special Event/Other (specify): _____ |

ROOM(S) DESIRED

Please indicate the room or combination of rooms that you would like to have available for your event.

- | | |
|---|---|
| <input type="checkbox"/> Main Room (\$300/3 hrs + \$60/ea add'l hr.) | <input type="checkbox"/> Small (East) Room (\$225/3 hrs + \$60/ea add'l hr.) |
| <input type="checkbox"/> Patio (\$150/3 hrs + \$50/ea add'l hr.) | <input type="checkbox"/> Patio & Small Room (\$350/3 hrs + \$80/ea add'l hr.) |
| <input type="checkbox"/> Entire Building & Patio (\$700/3 hrs + \$1500/ea add'l hr.) | |
| <input type="checkbox"/> Kitchen (\$50 in addition to rental fee + \$50 cleaning deposit) | |

TIME AND DATE

Times during which the Center is generally available include weekdays, some evenings, and some weekends. Please indicate the date and time you would like to rent the Center.

First Choice:

Day: _____ Date: _____ Time: _____

Second Choice:

Day: _____ Date: _____ Time: _____

CONTACT INFORMATION

Please provide contact information for the person who will be primarily responsible for the event being held at the Shepard Garden & Art Center. If more than one person will be responsible, provide information for both parties.

Name: _____

Address: _____

City, State, Zip code: _____

Home Phone: _____

Work Phone: _____

E-mail Address: _____

INSURANCE:

Proof of insurance is required prior to execution of the rental agreement.

For more information or to discuss specific requirements, contact Mabel Lotz by calling 91-264-8800 or via e-mail at Mlotz@cityofsacramento.com.

For office use only:

Date Received: _____

Contacted Accepted Rejected Proof of Insurance Received