

## **Pavilion Rental Reservation**

Member Name:					
Ever	nt Type:				
Date of Event:		Time:_	Time:		
Tota	al number of expected guests:	(mer	nber and non-member <b>)</b>		
**Wil	ll you need vehicle access to the pavili	ion area (for elderly or	disabled persons)? □ Yes	□No	
for •	A \$50 fee (the minimum of your function and covers the the first 10 guests, the fee	first 10 guests (me e is \$5 each per add nt to the Club address b	mbers or non-member litional NON-MEMBER.* elow, or you may submit it to	s). After	
_	Manager on duty. They will forwar		•	ogo of	
•	Please leave the facility as you foun waste properly.	u it. Ose tile trasiraliu i	ecycling receptacies to dispo	ose oi	
•	Members are expected to inform guintervene in activities which are dain property of the Club.			_	
Offic	e use only:				
Date	Received:	Received By:			
Rese	rvation Fee Paid: Check #				
*Nun	<i>nber of additional <mark>Non-member</mark></i> Gue	sts Attending:	X \$5.00 each =		
Balaı	nce Due \$	Paid on:	Check #		

Contact the Club Secretary at SHSC01075@gmail with any questions.