



**SHEPARD GARDEN & ARTS CENTER  
RENTAL APPLICATION**

**EVENT**

Please indicate the type of event you like to hold at the Shepard Garden & Arts Center. Please note that as a courtesy to the neighbors, the Center is not available for weddings or wedding receptions. Please check all that apply:

- |   |   |
|---|---|
| <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 reserve for your event:

- |  |   |
|--|---|
| <input type="checkbox"/> Main Room (\$300/3 hrs + \$60/ea add'l hr.)                                 | <input type="checkbox"/> Small (East) Room (\$230/3 hrs + \$50/ea add'l hr.)  |
| <input type="checkbox"/> Patio (\$150/3 hrs + \$40/ea add'l hr.)                                     | <input type="checkbox"/> Patio & Small Room (\$350/3 hrs + \$50/ea add'l hr.) |
| <input type="checkbox"/> Entire Building with Kitchen & Patio (\$700/3 hrs + \$60/ea add'l hr.)      |   |
| <input type="checkbox"/> Kitchen (\$100/3 hrs in addition to the rental fee + \$50 cleaning deposit) |   |

**TIME AND DATE(S)**

Times during which the Center is generally available include weekdays, 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 Center. If more than one person will be responsible, provide information for both parties.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email 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 at 916-823-5500 or [shepardgacinfo@att.net](mailto:shepardgacinfo@att.net)

For office use only:

Date Received: \_\_\_\_\_

- Contacted       Accepted       Rejected       Proof of Insurance