



**County of Sacramento,  
Department of Regional Parks**  
10361 Rockingham Drive, Suite 100, Sacramento, CA 95827  
(916) 875-6336 (phone)  
(916) 875-6632 (fax)

## WILTON COMMUNITY CENTER RESERVATION REQUEST

**Date for Request:** \_\_\_\_\_

**Time for Request (Include set-up/clean-up time):** \_\_\_\_\_

**Company Name (If applicable):** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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

**Work/Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Day of Contact and Cell Phone:** \_\_\_\_\_

**Description of Activity:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of people planning to attend:** \_\_\_\_\_

**Will alcohol be served at this event?**  Yes  No if yes, what type? \_\_\_\_\_

**BUILDING CAPACITY:**

**SEATING CAPACITY: 204**

**ROOM CAPACITY: 437**

<b>Facility (Check all that apply)</b>	<b>Type</b>	<b>Misc. Enclosed</b>
<input type="checkbox"/> Auditorium Only	<input type="checkbox"/> Private Organization	<input type="checkbox"/> Liability Insurance
<input type="checkbox"/> Auditorium & Kitchen	<input type="checkbox"/> Non Profit 501 (c) (3)	<input type="checkbox"/> \$300.00 Refundable Cleaning Deposit

**Make check Payable to:** Sacramento County Treasurer

**Mail to:** Department of Regional Parks  
10361 Rockingham Drive, Suite 100  
Sacramento, CA 95827  
Attn: Leisure Services

**Credit Card Information:**

Name on card:	
Credit Card Type & Number:	
Expiration date of Card:	CVV Code: