



CR-6

## CHARTERED CLUB ACTIVITY CALENDAR

Recreation Centers of Sun City West

RECREATION DEPARTMENT

**DUE ELECTRONICALLY BY MAY 1ST TO [SCHEDULING@SUNCITYWEST.COM](mailto:SCHEDULING@SUNCITYWEST.COM)**

DATE	OFFICE USE ONLY
TIME	OFFICE USE ONLY

NAME OF CLUB				CALENDAR YEAR			
CLUB PRESIDENT				PRESIDENT'S AZ CONTACT #			
MEMBER ID#				PRESIDENT'S SUMMER CONTACT #			
IN MY ABSENCE DURING							
(LIST MONTHS OR TERM)							
PLEASE CONTACT							
(NAME)		(OFFICE)		(PHONE)			
THE ABOVE NAMED CONTACT HAS PERMISSION TO APPROVE CLUB'S SCHEDULE CHANGES AND SIGN AS APPROVED SHOULD I BE UNAVAILABLE.							
PRESIDENT'S SIGNATURE				DATE			
<b>OPERATIONAL SCHEDULE</b>				<b>RESERVATION #</b>			
LOCATION		ROOM PREFERENCE		APPROXIMATE ATTENDANCE			
DAYS OF OPERATION	MON	TUES	WED	THURS	FRI	SAT	SUN W/APPROVAL
START TIME							
END TIME							
MONTHS							

BOARD MEETING SCHEDULE								RESERVATION #				
MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
DATE												
START												
END												
BUILDING				ROOM				APROXIMATE ATTENDANCE				
OPTIONAL DATES												

OPTIONAL ROOMS

REQUIREMENTS												
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MEMBERSHIP MEETING SCHEDULE								RESERVATION #				
3 MEETINGS ARE REQUIRED, A MAX OF 4 ARE ALLOWED BEFORE FEES APPLY IF NOT USING A CHAIR ONLY SET UP												
MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
DATE												
START												
END												
BUILDING				ROOM				APROXIMATE ATTENDANCE				
OPTIONAL DATES												
OPTIONAL ROOMS												

REQUIREMENTS												
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FACILITY SOCIAL RESERVATION		
NAME OF EVENT		RESERVATION #
DATE OF EVENT	START TIME	END TIME
BUILDING	ROOM	APROXIMATE ATTENDANCE
REQUIREMENTS		

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NAME OF EVENT		RESERVATION #
DATE OF EVENT	START TIME	END TIME
BUILDING	ROOM	APROXIMATE ATTENDANCE
REQUIREMENTS		