



SPECIAL EVENT OR TOURNAMENT REQUEST WITH NONRESIDENTS

(Must be approved by Recreation Center Activities Manager)

CLUB NAME:	DATE:
LOCATION:	Contact Person & Phone Number:

Type of Special Event or Tournament:		
Date(s) Requested	Begin Time	End Time
Facility Requested	Room	Approx. People
Request Approved by Club Membership:		
	Yes	No
If No, Why Not?		
Special Requirements: (Use reverse side if more space is required)		
PARTICIPATION	ESTIMATE	ACTUAL
Number Club Members		
Number Non-club Association Members		
Number Non Recreation Card Holder Guests		
AMOUNT DUE THE ASSOCIATION		
Expense of Extra Labor & Material		
_____	_____	_____
President Signature	Date	
This request is APPROVED DISAPPROVED		
_____	_____	
Recreation Activities Manager	Date	

FOR OFFICE USE ONLY	
Space Requested Available:	Alternate Space: