SPECIAL EVENT OR TOURNAMENT REQUEST WITH CLUB MEMBERS & THEIR INVITED GUESTS

(Must be approved by Recreation Manager)

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

Type of Special Event or Tournament:

Date(s) Requested	Begin Time	End Time
Facilty 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 Manager **Date**

FOR OFFICE USE ONLY	
Space Requested Available:	Alternate Space:

Revised
9-30-26 KH

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