


Reservation No.: _____

 SUN CITY WEST <small>Arizona's Premier Active Adult Golf Community</small>	FACILITY RESERVATION REQUEST or CANCELLATION	Recreation Centers of Sun City West, Inc. 19803 R.H. Johnson Blvd. Sun City West, AZ 85375-4498	
Date of Event:		Event Start Time:	Event End Time:
Building:		Room:	Set up Count (Attendance)
EVENT NAME:			
CUSTOMER:			Membership No.
CONTACT:			
ADDRESS:			
City: Sun City West	State: AZ	Zip Code: 85375	Phone:
SPECIAL REQUIREMENTS: (write any equipment/setup needs for your event) <div style="text-align: center;"> X _____ Customer Signature </div>			
If yes please check appropriate box <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is your event catered? Caterer name & phone no. Will you be selling / serving alcohol? Are you charging an admission fee?		
FOR OFFICIAL USE ONLY:			
Reserve Time (Setup):		End Time (Tear down):	Event Type:
STATUS: 180-Day Hold		(date to confirm) Date Canceled:	
NOTES:			
Event Coordinator:			Date Entered: