

Reservation No.: _____

		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	
EVENT NAME					
CUSTOMER				Membership No.	
CONTACT:					
ADDRESS:					
City: Sun City West		State: AZ	Zip Code:	Phone:	
SPECIAL REQUIREMENTS: (write any equipment/setup needs for your event)					
X _____ Customer Signature					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is your event catered? Caterer name & phone no. Will you have entertainment? 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:		

