

Date: Office Time: Use Only
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Form CR-6  
**DUE DATE: May 1 - 15 Current Year**  
**TO: Scheduling Office**

**\*To be Filled Out By: Current Year President**



Arizona's Premier Active Adult Golf Community

Recreation Centers of Sun City West, Inc.  
 RECREATION DEPARTMENT  
**CHARTERED CLUB ACTIVITY CALENDAR**  
 (NOTE: FOR NEXT FULL YEAR)

<b>NAME OF CLUB:</b>	<b>Year (JAN. – DEC.) Next Full Year</b>
<b>CLUB PRESIDENT:</b>	<b>PRESIDENT'S HOME NUMBER:</b>
	<b>PRESIDENT'S SUMMER HOME NO:</b>

In my absence during \_\_\_\_\_  
 (list months or term effective)

Please contact: \_\_\_\_\_  
 (Name) (office held) (phone no.)

The above named contact has permission to approve the club's schedule changes and sign as approved should I be unavailable.

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLUB OPERATIONAL SCHEDULE**

<b>LOCATION: FACILITY (e.g. KUENTZ)</b>	<b>Room Preference: (e.g. MULTI CRAFT ROOM # 4)</b>	<b>Approximate attendance (e.g. 40)</b>
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Days of Operation:	MON.	TUE.	WED.	THUR.	FRI.	SAT.	SUN (With approval)
Time Start:	_____	_____	_____	_____	_____	_____	_____
Time End:	_____	_____	_____	_____	_____	_____	_____
Months:							

**CHECK OR LIST DATES WHEN YOUR CLUB WILL NOT MEET**

NEWS YEAR EVE \_\_\_\_\_ NEWS YEARS DAY \_\_\_\_\_ THANKSGIVING EVE \_\_\_\_\_ THANKSGIVING DAY \_\_\_\_\_

CHRISTMAS EVE \_\_\_\_\_ CHRISTMAS DAY \_\_\_\_\_

JUNE \_\_\_\_\_ JULY \_\_\_\_\_ AUGUST \_\_\_\_\_ OTHER: \_\_\_\_\_

ALERT: BEFORE PROCEEDING, PLEASE CONFIRM THAT YOU ARE USING NEXT YEAR'S CALENDAR FOR DATES.

<b>BOARD MEETING SCHEDULE:</b>												
Month: Date:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Mtg. Time START:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
END:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Location: Recreation Center (e.g. Palm Ridge)						Room Preference:			Approximate Attendance: (e.g.12)			

<b>GENERAL MEMBERSHIP BUSINESS MEETING SCHEDULE:</b>												
Month: Date:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Mtg. Time START:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
END:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>note</u> if breakfast, lunch, etc	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Yrs Actual Attendance.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Location: Recreation Center (e.g. Palm Ridge)						Room Preference:			Approximate Attendance: (e.g.12)			

**SET UP REQUIREMENTS – GENERAL MEMBERSHIP MEETING**

CHOOSE ONE: \_\_\_\_\_ TABLES / CHAIRS OR \_\_\_\_\_ OPEN SEATING (Chairs Only)

SPEAKERS TABLE(S) # \_\_\_\_\_ with CHAIRS # \_\_\_\_\_ AUDIENCE MICROPHONE \_\_\_\_\_ PODIUM W/ MICROPHONE \_\_\_\_\_

USE OF KITCHEN \_\_\_\_\_ COFFEE POT 60 CUP \_\_\_\_\_ 100 CUP \_\_\_\_\_

OTHER (PLEASE SPECIFY) \_\_\_\_\_

Space allocations for social functions are limited to two (2) per calendar year including one (1) picnic, with a limit of five (5) ramadas. This space will be provided at no charge as long as the attendance is limited to the Club's members and their personal guests.

	<b>FACILITY SOCIAL RESERVATION</b>	Recreation Centers of Sun City West, Inc. 19803 RH Johnson Blvd. Sun City West, AZ 85375-4498
<b>Date of Event:</b>	<b>Event Start Time:</b>	<b>Event End Time:</b>
<b>Building:</b>	<b>Room:</b>	<b>Setup Count (Attendance)</b> <b>Last Year's Actual Attendance</b> _____
<b>SPECIAL REQUIREMENTS:</b> (List any equipment/setup needs for your event)		

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