



# FACILITY RESERVATION REQUEST

## NEW, CHANGE, CANCELLATION

(Form submitted to Scheduling office for each facility space reserved)

Form CR-14

RESERVATION No. \_\_\_\_\_

New Request

Change Request

Cancellation Request

_____ DATE OF EVENT	_____ EVENT START TIME	_____ EVENT END TIME
_____ BUILDING	_____ ROOM	_____ SET UP COUNT
<b>EVENT NAME:</b>		
<b>CUSTOMER:</b>		<b>Membership No.</b>
<b>CONTACT:</b>		
<b>ADDRESS:</b>		
City: Sun City West, State: AZ, Zip Code: _____ Phone: _____		
<b>SPECIAL REQUIREMENTS:</b> (write any equipment/setup needs for your event)		
Customer Signature: _____		
Is your event catered? (Caterer name & Phone no.) _____		
Will you have entertainment?		
Will you be selling/serving alcohol?		
Are you charging an admission fee?		
<b>FOR OFFICIAL USE ONLY</b>		
_____ Reserve Time (Setup)	_____ End Time (Tear down)	_____ Event Type
<b>STATUS: 180-Day Hold</b>		(date to confirm) <b>Date Canceled:</b> _____
<b>NOTES:</b>		
Event Coordinator		
DATE ENTERED		