



FACILITY RESERVATION REQUEST NEW, CHANGE, CANCELLATION

Form CR-14

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

RESERVATION No. _____

New Request

Change Request

Cancellation Request

_____ 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)

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?

FOR OFFICIAL USE ONLY

_____ Reserve Time (Setup)	_____ End Time (Tear down)	_____ Event Type
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STATUS: 180-Day Hold

(date to confirm) **Date Canceled:** _____

NOTES:

_____ Event Coordinator	_____ DATE ENTERED
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