



CHARTERED CLUB ACTIVITY CALENDAR

FORM CR-6

Recreation Centers of Sun City West, Inc.

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	Date:	Office
	Time:	Use Only

RECREATION DEPARTMENT

*To be filled out by: Current Year President

DUE DATE: May 1-15 Current Year

NAME OF CLUB:	Year (JAN-DEC) Next Full Year:
CLUB PRESIDENT:	President's Home NO:
	President's Summer Home NO:

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

LOCATION: Facility (e.g. Kuentz)	Room Preference: (e.g. Multi Craft Room #4)				Approximate Attendance (e.g. 40)		
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

New Year Eve: _____ New 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.

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BOARD MEETING SCHEDULE

Month DATE:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Meeting Time												
START:												
END:												
Location: Recreation Center (e.g. Palm Ridge)					Room Preference:				Approximate Attendance: (e.g. 12)			

GENERAL MEMBERSHIP BUSINESS MEETING SCHEDULE

Month DATE:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC													
Meeting Time																									
START:																									
END:																									
Note: If Breakfast, Lunch, Dinner, ETC.																									
Last Years Actual Attendance																									
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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.

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FACILITY SOCIAL RESERVATION

Recreation Centers of Sun City West, Inc.

19803 RH Johnson Blvd. Sun City West, AZ 85375-4498

Date of Event:	Event Start Time:	Event End Time:	
Building:	Room:	Setup Count (Attendance)	Last Year's Attendance
SPECIAL REQUIREMENTS: (List any equipment/setup needs for your event)			

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Revised
6.1.20