

ACTIVITY Request

Date submitted: _____

GROUP: _____

DAYS OF THE WEEK YOU WILL MEET: _____

START TIME: _____ END TIME: _____

START DATE: _____ END DATE: _____

(required)

CHAIRPERSON: _____

PHONE: _____

EMAIL: _____

SET UP NEEDED: YES _____ NO _____

IF YES, PLEASE CHOOSE A SET-UP NUMBER FROM THE BINDER _____

WHAT TIME IS SET UP NEEDED: _____

NUMBER OF PARTICIPANTS EXPECTED _____

ROOM REQUEST:

____ East McWilliams

____ West McWilliams

____ Entire McWilliams

____ Main Clubhouse

____ Entire Clubhouse

ADDITIONAL COMMENTS _____

EVENT Request

Date submitted: _____

EVENT: _____

EVENT DATE: _____

EVENT START TIME: _____ **END TIME:** _____

CHAIRPERSON: _____

PHONE: _____

EMAIL: _____

Set Up Needed: Yes _____ **Time:** _____

No _____

IF YES, CHOOSE A SET UP NUMBER FROM THE BINDER _____

What day/time will **your group be setting up:**

NUMBER OF PARTICIPANTS EXPECTED _____

ROOM REQUEST:

____ East McWilliams

____ West McWilliams

____ Entire McWilliams

____ Main Clubhouse

____ Entire Clubhouse

ADDITIONAL COMMENTS _____
