



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

Form CR-6
DUE DATE: May 1 - 15 Current Year
TO: Scheduling Office

Recreation Centers of Sun City West, Inc.
 RECREATION DEPARTMENT

CHARTERED CLUB ACTIVITY CALENDAR

(NOTE: FOR NEXT FULL YEAR)

NAME OF CLUB:	Year (JAN. – DEC.) Next Full Year
CLUB PRESIDENT:	PRESIDENT’S HOME NUMBER:
	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

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.

BOARD MEETING SCHEDULE:												
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)			

GENERAL MEMBERSHIP BUSINESS MEETING SCHEDULE:												
Month: Date:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Mtg. Time START: END: * Make note if breakfast, lunch, etc.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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.

	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)
SPECIAL REQUIREMENTS: (List any equipment/setup needs for your event)		

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