

 SUN CITY WEST <small>Arizona's Premier Active Adult Golf Community</small>	FACILITY RESERVATION CLUB/TEAM RECIPROCAL EVENT(S)	Club Name:
		Contact Person & Phone #:
		Club Location:
		Date:

Reciprocal Projected Activity:

Reciprocal Communities: (contact information)

Proposed Event Schedule: Attach the schedule detailing dates, times, location

Facility Requested: _____ Courts/Room: _____

Request Approved by Club Membership: _____ Yes _____ Date Approved

PARTICIPATION	ESTIMATE	ACTUAL
Number Club Members		
Number Non Recreation Card Holder Participants		
AMOUNT DUE THE ASSOCIATION		
Expense of Any Extra Labor & Material that May Be Needed		

Signature: _____ Date: _____
President

This request is APPROVED/DISAPPROVED _____
Recreation Activities Manager _____ Date _____