

Sun City Civic Association Club/PSO Meeting Room Request

Name of Club/PSO: _____

LOCATION (ROOM) REQUESTED:

Webb Hall _____ North Town Hall _____
West Room _____ East Room _____
Civic Hall _____ Other _____

General Meeting (Event) Schedule:

ON: 1st 2nd 3rd 4th Mon Tues Wed Thur Fri Sat Sun
Weekly Monthly

Set-up time: _____ am/pm to _____ am/pm

Actual Time of Event: _____ am/pm to _____ am/pm

Estimated Attendance: _____

Club/PSO Board Meeting Schedule: East Room ____

ON: 1st 2nd 3rd 4th Mon Tues Wed Thur Fri Sat Sun
Weekly Monthly

Set-up time: _____ am/pm to _____ am/pm

Actual Time of Mtng: _____ am/pm to _____ am/pm

Estimated Attendance: _____

FOR STAFF USE ONLY

Received Date: _____

Approved By: _____

Date Approved: _____

Returned to Club/PSO Date:

Please submit this form to
activities@suncitycivic.com.

**Cancellations must be submitted 2
weeks (14 days) in advance.**

Thank You!

Club Cabinet#: _____

Key#: _____

Location of Club Cabinet:

Contact Person: _____ SCCA Member #: _____ Ph: _____

Address: _____ Email Address: _____

EQUIPMENT REQUESTED

Number of tables requested:

Round _____

Long _____

Card _____

Chairs _____

PA Equipment:

Microphone _____

Sound System* _____

Projector & Screen _____

Misc.:

Podium _____

Other _____

Please provide table & equipment set up for the requested room with this form and no less than two (2) weeks prior to event. *Sound System is not to be changed or moved, this will be set up prior to your arrival.

Additional information: _____

FACILITIES AND EQUIPMENT SHALL BE LEFT CLEAN AND IN GOOD ORDER. If not, the Club/PSO will be notified and assessed a \$150.00 fee, per event/incident.

Signed & Acknowledged by Club/PSO President _____ Date: _____