

ROADHAVEN RESORT CLUB/GROUP MULTIPLE EVENT
ROOM SCHEDULING REQUEST 2021-2022

Form E-3

CONTACT INFORMATION

Club Name _____ Event _____

*Authorized Contact Name : _____ * Phone: _____

*Email: _____ *Mailbox: _____

* Please enter the information above with the person authorized by the club president to be responsible

EVENT INFORMATION

Room Request: 1st Choice _____ 2nd Choice _____

of people _____ Description of event _____

Days of week: _____ Start Date _____ End Date _____
MON TUE WED THUR FRI SAT SUN

****EVENT TIME**

SET UP From: _____ AM PM To: _____ AM PM

ACTIVITY From: _____ AM PM To: _____ AM PM

CLEAN UP From: _____ AM PM To: _____ AM PM

**If you require earlier or later use of room, you must schedule with the activity office for availability. Please respect events prior to or after your event for space and time.

*****EQUIPMENT NEEDED:** _____

***If Audio Visual is requested other than a microphone you will need to fill in an AV Form and submit it with this request.

All Event Requests must meet the following conditions:

- Rooms must be left in the original clean conditions.
- Trash must be collected, removed, and taken to the trash dumpsters.
- Kitchen linen is to be laundered and returned to the room/activity office by 10am the next business day after the event.
- Any damage must be immediately reported to Security and the Activity Director.
- Failure to meet the above conditions may result in the loss of future room event requests.

Club President Signature

Date

Date and time received by the Activity Office _____

Stamp date above

write in time above

Activity Director Initials _____ Date approved _____

date we put copy of approved room request and room checklist form in Mailbox _____