

ROADHAVEN RESORT CLUB/GROUP ONE TIME EVENT
ROOM SCHEDULING REQUEST 2023-2024

Form E-5

CONTACT INFORMATION

Club Name _____

*Authorized Contact Name : _____ * Phone: _____

*Email: _____ *Mailbox: _____

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

EVENT INFORMATION

Event Date: 1st Choice _____ 2nd Choice _____

Room Request: 1st Choice _____ 2nd Choice _____

of people _____ Description of event _____

****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.

CATERING: Yes _____ No _____ Company: _____

ENTERTAINMENT Yes _____ No _____ Company: _____

*****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:

- A room checklist must be filled in and turned in to the activity office the following working day after the event.
- 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 _____