ROADHAVEN RESORT **ONE TIME EVENT**ROOM SCHEDULING REQUEST **2023-2024**

CONTACT INFORMATION

CONTACT INFORMATION				
Name			Phone:	Mailbox:
Email:	#	of people	Description of	event
EVENT INFORMATION				
Event Date: 1 st Choice			2 nd Choi	ice
Room Request: 1st Choice			2 nd Cho	ice
**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	
	Clean up Do	eposit: \$50.00 the Security Inspe		(one month prior to event) In returned and security has indicated there w
CATERING: Yes	No	Company: _		
 All Event Requests must meet the Aroom checklist must be Rooms must be left in the Trash must be collected. Kitchen linen is to be lauden Any damage must be immissing equipment. 	he followin e filled in an ne original co , removed, a indered and mediately r	g conditions: Ind turned in to the lean conditions. Indicate the tothe tothe tothe indicate the learn to the indicate the learn to th	e activity office the rash dumpsters. room/activity office ty and the Activity	fill in an AV Form and submit it with this request following working day after the event. by 10am the next business day after the ever Director. You are responsible for damaged or ity deposit and loss of future room event
Signature				Date
Date and time received by the	Activity Off		date above	write in time above
Activity Director Initials				
date we put copy of approved	room reque	est and room chec	klist form in Mailbo	OX