



Activities and Events

DATE of Request ___/___/___

Schedule Request

1. Fill out form
2. Return completed request form to POA Office (in clubhouse)
3. The completed request will be reviewed for approval
4. When approved, the schedule/calendar will be updated, and you will be notified.

Requestor Name: _____ **Site #:** _____

Requestor Phone #: _____ **email:** _____

Check all appropriate boxes:

Request is for: **Activity** (Activity is occurring over a period of multiple days/times.)

Event (This is a one-time single event)

Activity or Event Name: _____

Requested Room: Great Room Card Room Pool House Kitchen Other _____

Requested Day(s): MON TUES WED THURS FRI SAT SUN

Requested Date(s): Start Date: ___/___/___ **Start Time:** _____AM/PM

End Date: ___/___/___ **End Time:** _____AM/PM

- Use reverse side to add all additional information you would like to include.
- Contact Tom Stansifer – 269-436-0379 or Cindy Leising - 812-212-2470 with questions

Approved _____ **Calendar Updated** _____ **Schedule Updated** _____



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