

## **FORM 206 – CLUBHOUSE ROOM RESERVATION**

Name:		Phone No.:
Address:		Email:
Organization Spons	oring Event:	
Room Requested: _		
Description of Even	t:	
Date of Event:	Start Time:	End Time:
Setup Time:	Date:	Time:
Clean-up Time:	Date:	Time:
Person(s) Responsil	ble for Clean-up:	
(Note: Set up time s	should be flexible to accomm	nodate other needs for the facility)
Comments:		
Please keep a copy request.	of this form for your record	s. You will be notified on the disposition of this
Date Received:		
Ву:		
Status:		