WOULD LIKE TO RESERVE
RETZLAFF HALL LOUNGERETZLAFF HALL KITCHEN (day before event)
LOUNGECARD ROOM GAZEBOPAVILION
FOR THE FOLLOWING:
PRIVATE PARTYPLEASE DESCRIBE
CLUB ACTIVITYPLEASE DESCRIBE
DATE OF EVENT
TIME OF EVENT
NUMBER OF PEOPLE TO SETUP FOR
KITCHENSOUND SYSTEMSTAGE
CONTACT NAME AND PHONE NUMBER
I/We understand and agree that all or any part of this reservation may be canceled if the area is needed for SEPO meetings, Women's Club Activities or other special events, as determined by the Board.
I/We further understand that if multiple events occur on a weekend 1/we will be responsible for any setup if changing from previous arrangement.
I/We also understand that we are responsible for turning the air to the designated temperature, taking out trash, wiping off tables, turning off all lights, locking up sound system (if needed) and locking up the building when party or activity is over.
SIGNED
Date
Approved By
Date

Special Instructions: Please allow time for setup & time for refrigerator use.

Women's Club Activity: Party/Event Name Goes Here

Activity Date: Month Day, Year

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NAME	Phone #1	Phone#2	Email Address	Sunshine Address	Responsibilities
Co-Chair Name Goes Here					
Co-Chair Name Goes Here					

(Form Revised: Jan 22, 2018)

Women's Club Activity:

Activity Date:

Committee Members:

ities								
Responsibilities								
Sunshine Address								
Email Address								
Phone#2								
Phone #1								
NAME								

SUNSHINE COUNTRY CLUB ESTATES WOMEN'S CLUB

Activity Income / Expense Report

(This statement to be turned in to the Women's Club Treasurer no later than 5 days after event.)

EVENT:					DATE: _		
Chairperson(s):			Report F	Prepared By: _		
D	ESCRIP	TION		ı	NCOME	E	XPENSE
INCOME:							
ADVANCE							
EXPENSES:							
				_			
				_			
*****	*****	*******	****	*****	*****	*****	******
USE THIS	SECTION WHI	EN TURNING	*		FINAL TOTA	LS	
IN MONE	Y PRIOR TO TI	HE EVENT	*		INCOME:	\$	
Date	Amount	Received By	*	Minus		\$	
			*	PRO	FIT (LOSS):	\$	
			*				
			*	Turned in	bv:		
			*	Received I			

SUNSHINE COUNTRY CLUB ESTATES WOMEN'S CLUB

Committee Receipt Reimbursement Report

(This statement to be attached to the Income/Expense Report and turned in to the Women's Club Treasurer no later than 5 days after event.)

Event:		Date:	
		Total:	
Purchase [signed receipt(s) a			
Reason for Purchase / Where	Purchased:		Amount:
		<u> </u>	
		<u></u>	
			
			
		<u> </u>	
		<u> </u>	
			
		<u> </u>	
Approved by:			
	Committee Treasurer		
Expenses Reimbursed to:			
	Committee Member v	vith Expense	?S
Date Expenses Reimbursed:			

FAREWELL PARTY - MARCH 22, 5 PM

SIGN-UP SHEET







Any Checks Should Be Payable To: SCCE Women's Club

NAME	#	Amt PAID: Chk# OR Cash	NAME	#	Amt PAID: Chk# OR Cash
	1			20	
	2			21	
~	3			22	
	4			23	
	5			24	
	6	12		25	
	7	-/		26	
	8 .	//		27	
	9			28	
	10			29	
	11			30	10.5
	12			31	
	13			32	
	14			33	
	15			34	
	16			35	
	17			36	
	18			37	
	19			38	

#	NAME	PAID	#	NAME	PAID
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

New Homeowners Party (January 13, 2017) Attendees Checkoff List

Here	Last Name	First Names	Count	Here	First Names	Count
	Allen	Kate	1			
	Anderson	Judy	1			
	Bates	Cathy & Jim	2			
	Busch	Bob & Mary	2			
	Billings	Jim	1			
	Compton	George	1			