



ACTIVITY REQUEST FORM HRVR ACTIVITIES COMMITTEE

Activity: _____

Description of the Activity _____

Activity Frequency: One Time Monthly Weekly Daily

Day(s) of the Week Requested: Mon Tues Wed Thu Fri Sat Sun

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Preferred Location: Activity Center Club House Other _____

Is There a Limit on Participants? Yes No If yes, how many? _____

Do you require a sign-up sheet in the Activity Book? Yes No

Do you need to access the Activity Supply Closet for your activity? Yes No

ALL ACTIVITY GROUP COSTS (SUPPLIES, COPYING, TAPES, EQUIPMENT, ETC) MUST BE COVERED BY ACTIVITY LEADER(S) AND/OR PARTICIPANTS THROUGH DONATIONS OR REGISTRATION FEES.

_____ *Activity Leader(s)*

_____ *Lot No.*

_____ *Phone No.*

_____ *E-Mail Address*

Approved by Activities Committee: _____

Notes:

Attachment: Activity Leader Checklist