

# SCA Health and Recreation Facility Request Form

2022

NAME OR CLUB: \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

EVENT DESCRIPTION: \_\_\_\_\_

CIRCLE: EAST or WEST Activity Center

ROOM REQUEST: \_\_\_\_\_

DATE REQUEST: \_\_\_\_\_

EVENT SET UP & START TIME: \_\_\_\_\_

EVENT FINISH TIME: \_\_\_\_\_

EVENT TO INCLUDE FOOD OR DRINK? Circle: YES or NO

IF YOU CIRCLE "YES" THE FOLLOWING REFUNDABLE FEES APPLY:

People	Fee
1- 75	\$100.00
75-125	\$150.00

People	Fee
125-200	\$175.00
200-400	\$250.00

MAKE CHECK PAYABLE TO "SCA". Pick UP CHECK 48 HOURS AFTER YOUR EVENT OR SIGN BELOW TO HAVE IT SHRED. (ANY DEPOSIT CHECKS NOT PICKED UP ARE SHRED AFTER 5 DAYS)

Authorization to shred my deposit: \_\_\_\_\_

FACILITY STAFF MAY ASSIST WITH THE SET UP AND TEAR DOWN OF YOUR EVENT FOR AN ADDITIONAL FEE. PLEASE SEE FEE SCHEDULE ABOVE. FACILITIES MANAGER REQUIRES SET UP INSTRUCTIONS IN WRITING WITH A DIAGRAM.

I REQUEST ASSISTANCE WITH: . SET UP ONLY      TEAR DOWN ONLY...      SET UP & TEAR DOWN

**YOUR RESPONSIBILITY:**

1. You are responsible for set-up, break down, cleanup and return of room to its original floor plan. Please bring your own trash bags and dispose at designated trash areas. If necessary to post anything on the walls or floor, use only blue Painters Tape. Please observe your scheduled time and clean up completely by the end of your event. SCA facilities and CSO staff are not allowed to participate in your event.
2. The Activity Centers close at 10 p.m. Monday through Saturdays and 9:00 p.m. on Sundays and Holidays. If you would like to schedule your event later, please inquire with the Activities Department about the process. An additional fee of \$45 per hour would apply and 2 weeks prior arrangements required.
3. Events run smoother when one person is assigned to make the reservations and any subsequent changes to it. In the event of cancellation, please contact Activity Dept., 727-799-2734, email: [general\\_activity@otowfl.com](mailto:general_activity@otowfl.com) or stop in with a copy of your facility request form.

I, AGREE, and RECEIVED A COPY OF FACILITY RULES: \_\_\_\_\_

CHECK RETURNED TO: \_\_\_\_\_ Date: \_\_\_\_\_