Naples Woman's Club
LIVING THE VOLUNTEER SPIRIT

NWC CLUBHOUSE ROOM REQUEST FORM

Send this form to vpoperations@napleswomansclub.org with a copy to admin@napleswomansclub.org.

Please circle your meeting choice according to the number of attendees.

Hibiscus Room: up to 18 Event Hall: 30-200 ½ Hall w/ stage: 60 ½ Hall: 50

*** Hall Room requirements must be accompanied with a FLOOR PLAN for set-up.**

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1. Event Name: _____

2. Date of Event Requested: _____

***Check the website calendar before submitting request to determine its availability. The date requested must be approved by the 4th Vice-President Administration before the Meeting Room reservation can be confirmed. For each meeting at the clubhouse, please complete this form.**

3. Committee Name: _____

4. Contact Info:
Host Name: _____
Phone: _____ **Email:** _____

Set Up Preparation Times (access to the kitchen, decorating, table arrangement, etc.):

5. Will you need set-up assistance for the room? Yes ☐ or No☐

Time: _____ **Start** _____ **Finish**

6. A/V Requests: __Microphone __ Podium __Computer __Power Point __Video

7. Auditorium or Table Seating? _____

8. Kitchen/Refrigerator Access: _____Y _____N

9. 2nd Parking Lot Signs: _____Y _____N

If you would like your event to be listed on the NWC Website, continue to page 2.

Events to Be Listed on the NWC Website (page 2)

Please send this form to vpoperations@napleswomansclub.org with a cc to admin@napleswomansclub.org.

Show on Member Home Page?
Yes ☐ or No☐ (committee meetings are posted on the calendar only)

Show on PUBLIC Home Page? (is this event open to the public?)
Yes ☐ or No☐

Will this event need a flyer?
Send NWC Flyer Request Form
to anita.holmgren@gmail.com

Event Type
☐Membership Meetings ☐Special Event ☐Board or Committee Meeting ☐Rental ☐Fundraiser

Event Name _____
Do not use the " or # character in the event name
Event Date _____
Time: _____**Start** _____Finish

Location Address _____
Location Website (URL)_____

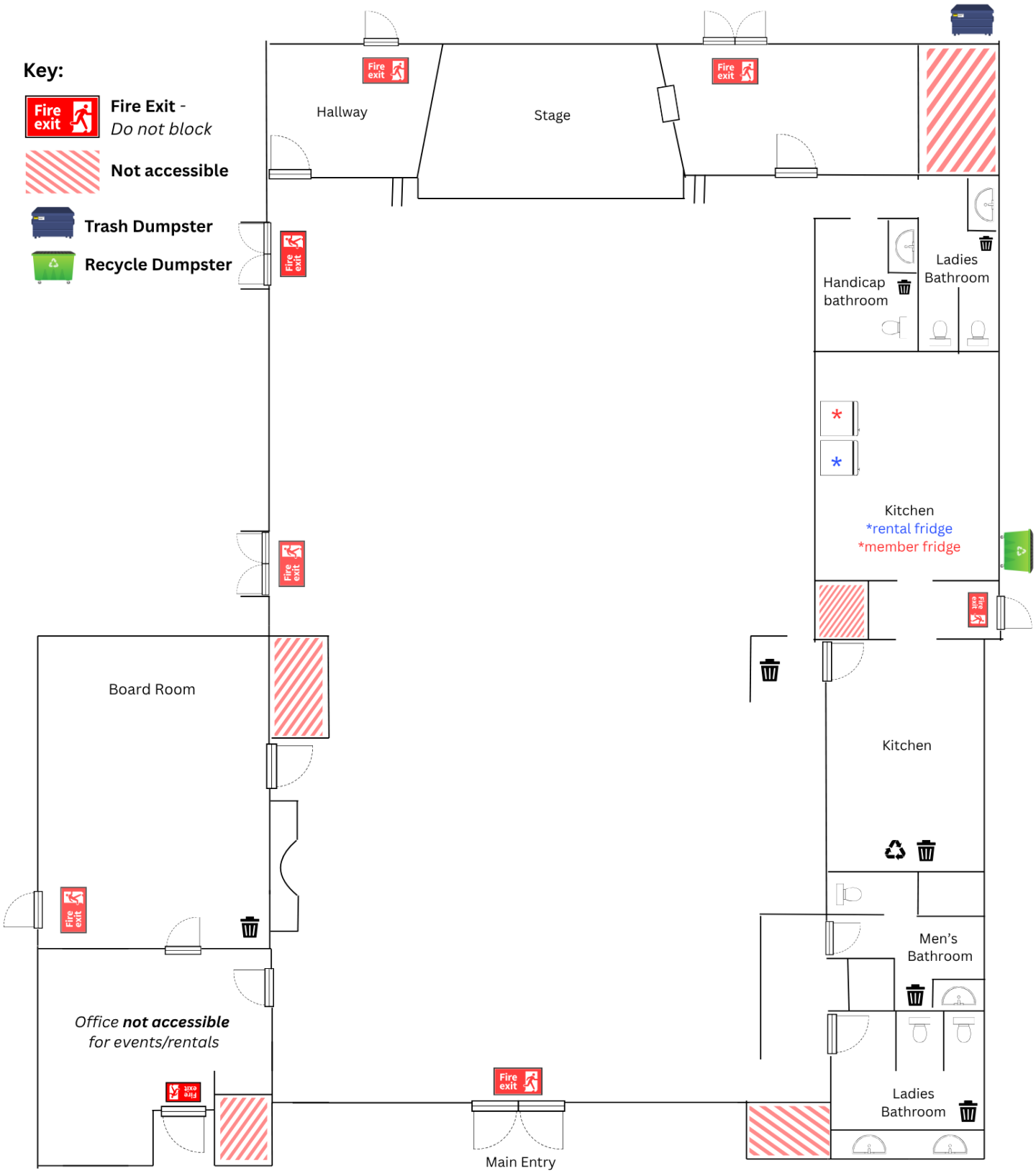
Allow for Event Contact Form & Information?
Yes ☐ or No☐ **If YES please fill out ALL info below.**
Event Manager name: _____**Email:** _____
Event Manager Phone: _____
Very Short Description: _____
Event Detailed Description: _____
_____
_____

Registration Required? Yes ☐ or No☐
Now Open for Registration? Yes ☐ or No☐ (if not, when open?) _____
Last Date to Register: _____
Guests Allowed? Yes ☐ or No☐
Cancellation Policy? _____
Cost per Member: _____ **Cost per Guest**: _____ (i.e. $20.00)

Will there be a meal provided? Yes ☐ or No☐
Do you require meal selection prior to event? Yes ☐ or No☐
Meal Options:
1. _____
2. _____
3. _____
Vendor:_____

Event Name: _____

Event Date: _____ **Time:** _____

Event Contact:_____**Phone:**_____

Setup Date:_____ **Setup Time:** _____