



NWC CLUBHOUSE ROOM REQUEST FORM

Send this form to nwc4vp@gmail.com 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.

Date of Event Requested: _____

The date requested must be approved by the Vice President of Building & Grounds before the Meeting Room reservation can be confirmed.

For each meeting at the clubhouse, please complete this form; the more information you have, the better.

___ Meeting ___ Public: ___ Membership ___ Special ___ Committee ___ Fundraising

Committee Name: _____

Host Contact Info (Name-Email-Phone): _____

Meeting Preparation Times (access to the kitchen, decorating, table arrangement, etc.): _____

Meeting Times (start and finish time, please): _____ Start _____ Finish

A/V Requests: ___ Zoom ___ Microphone ___ Podium ___ Computer ___ Power Point

Total Number of Chairs Needed (up to 150): _____

Kitchen/Refrigerator Access: ___ Y ___ N

2nd Parking Lot Signs: ___ Y ___ N

Entry Gate Up for Event: ___ Y ___ N

If this event will be listed on the Member Home Page or Public Home Page, please fill out page 2.

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

Please print out this form and email to nwc4vp@gmail.com with a cc to Admin@napleswomansclub.org along with page one.

Will this event need a flyer ? Send details and request 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?

Yes or No

Event Type

Membership Meetings Special Event Board or Committee Meeting Admin Fundraiser

Event Name _____

Do not use the " or # character in the event name

Event Date _____

Begin Time _____

End Time _____

Location Address _____

Location Website _____

Enter 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 (used in summary display of events) _____

Event Detail Description _____

Registration Required? Yes or No

Now Open for Registration? Yes or No If not yet, when open? _____

Guests Allowed? Yes or No

Cancellation Policy? (Optional) _____

Last Date to Register _____

Cost per Member _____ Cost per Guest _____ (i.e. \$20.00)

EVENT _____

EVENT DATE _____ TIME _____

SET-UP DATE _____

THEATRE SEATING _____ BANQUET _____

NUMBER OF GUESTS _____

CHAIRS _____

CONTACT NUMBER _____

