

# CALENDAR EVENT REQUEST

EVENT START DATE AND TIME: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ :\_\_\_  
MO DAY YEAR HR MIN A/P

EVENT END TIME: \_\_\_:\_\_\_ :\_\_\_  
HR MIN A/P

DOES THIS EVENT REPEAT? \_\_\_  
Y/N

IF YES, WHEN DOES IT REPEAT? \_\_\_\_\_  
(MONDAYS ONLY, TUES/THURS, EVERY OTHER FRIDAY, ETC.)

EVENT NAME OR TITLE: \_\_\_\_\_  
PLEASE KEEP IT BRIEF/3 WORDS OR LESS

DETAILS: \_\_\_\_\_  
\_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_  
(CLUBHOUSE, SOUTH PATIO, BOARDROOM, OTHER, ETC.)

YOUR NAME: \_\_\_\_\_ LOT #: \_\_\_\_\_

YOUR E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU USING A SIGN UP SHEET? \_\_\_  
Y/N

IS THERE AN EVENT CHARGE? \_\_\_ IF YES, HOW MUCH? \$\_\_\_\_\_  
Y/N (SERVING/PERSON)

SHOULD ATTENDEES BRING ANYTHING? \_\_\_  
Y/N

IF YES, WHAT? \_\_\_\_\_  
(BRING YOUR OWN SERVICE (BYOS), DISH TO PASS, DRINK, ETC.)

MORE DETAILS OR FURTHER DESCRIPTION?

\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*If there is anything else you wish to submit, please attach to this request and place in mailbox #158 or e-mail to [calendar@kofako-op.com](mailto:calendar@kofako-op.com).*