



Room Reservation Request

Group/Activity Name: _____

Group/Activity Leader Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Secondary Contact: _____

Secondary Contact Phone Number: _____

Secondary Contact Email Address: _____

Location of Activity: _____

Start Date: _____ End Date: _____ Recurring: YES NO

Start Time: _____ **End Time:** _____

Day(s) of Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

List month(s) your group/activity is not active: _____

If the above location, date, and/or time are not available, please complete a second choice:

Location of Activity: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Day(s) of Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Group/Activity Leader is responsible for:

- **Turning off all lights**
- **Vacuuming carpet or sweeping floor**
- **Removing all trash**
- **Removing all party displays**
- **Wiping down table surfaces and returning chairs and tables to original position.**

Contact: Resident@arlingtonridgecdd.org or 352-728-2186

Path: Z:AR Room Reservation Request Form

Updated: 3/1/2023