

**Community Services Department
 Kiwanis Recreation Center
 GYMNASIUM RESERVATION REQUEST 2024**



6111 S. All-America Way, Tempe, AZ 85283

www.tempe.gov/kiwanis

Phone: 480-350-5702

RESPONSIBLE PARTY INFORMATION Contact for booking purposes (Must be present at reservation/event.)

Name*		Organization Name (if applicable):	
Address*		City, State*	Zip*
Phone Number*	Cell Number	E-mail*	Date of Birth*

ALTERNATE CONTACT PERSON (May substitute for Responsible Party at reservation.)

Name*		Organization Name (if applicable):	
Address*		City, State*	Zip*
Phone Number*	Cell Number	E-mail*	Date of Birth*

Today's Date: _____ **Total Estimated Group Size:** _____

Requested Date(s): _____ **Alternative Date(s):** _____

Arrival Time (including set-up): _____ **Departure Time** (including clean-up): _____

Will this request be recurring? No Yes If recurring, please see calendar on second page.

What type of event are you planning on hosting? (Please check all that apply)

- Team Games Team Practices Birthday Party Wedding Reception

Other _____

What type of activities will you be providing during your rental? (Please check all that apply)

- Inflatables Music/DJ Caterer Contracted Vendors (i.e. face painter, clowns etc.)

Are you interested in receiving the following event services? (Please check all that apply)

- Scoreboard (\$25.00) Tables Chairs Other _____

Additional requests or comments: _____

Will participants pay a fee or suggested donation to attend your event? (at, before, or after event) will you be selling any product or service at the event: _____

Please sign below to indicate you have read and understood this information.

The above information is required in order to process a facility reservation fee quote.

Additional fees may apply based on type of events and customer requests.

This rental request will be forwarded to and reviewed by a Kiwanis Recreation Center Coordinator. Once it is determined if your request can be accommodated, a tentative contract will be sent out for your approval. Please take this time to address any concerns, needs and expectations you might have.

Advance permission and a certificate of insurance are required for all contracted vendors (i.e. caterer, inflatables, DJ etc). All set-up and clean-up inclusive of contracted services and/or programs is to be completed within your contracted time.

Signature: _____

Kiwanis Recreation Center Gym Rental Calendar

- - - - - 2024 - - - - -

Please circle requested dates. Blacked out dates are unavailable.

January						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				