

Sun City Lincoln Hills Pickleball

Club Court Usage Event Request Form

Submit to mollyfmorris@gmail.com for Approval

Organizer/s _____

Organizer's Email _____

Day/Dates of Event _____ **Time** _____

() Weekly () Bi-Monthly () Monthly () One Time Event

Number of Courts Needed (3 court minimum) _____

Participants Please check all that apply

() All Club Members () Men Only Skill Level/s _____

() Women Only Skill Level/s _____ () Mixed Skill Level/s _____

COVID Guidelines: Music () Yes () No **NO Food/Beverage**

Publicity Please check all that apply

() Club eBlast () Event on Wild Apricot () Court Calendar () Personal Email

Deadline for Player Registration _____

Describe the format: _____

add an attachment if necessary

Date Submitted _____ Date of Approval _____

Date of Expiration _____

Signature of Board
Members _____

Signature of Organizer/s _____