RECREATIONAL SERVICES SPORT CLUB
LAUNDRY REQUEST FORM

CLUB NAME: ____________________________________ MANAGER’S NAME: ____________________________

PHONE NUMBER: ____________________________ E-MAIL: ____________________________________________

DATE SUBMITTED: _____/____/____ TIME: ________ AM / PM STAFF INITIALS: ________________

DATE REQUESTED:  _____/____/____ Circle Day Requested Below

DAY: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

TIME NEEDED: ___________ AM / PM

Special notes: ____________________________________________

______________________________

NOTES: Club Managers are expected to provide a reasonable amount of time for completion of this laundry request; a minimum of forty-eight (48) hours is required when making the request.

Manager Signature: ___________________________________________ Date: ________________________

- STAFF USE ONLY -

Date Completed: ___________ Time Completed: ___________ Staff Initials: ___________

- STAFF USE ONLY -

Date Completed: ___________ Time Completed: ___________ Staff Initials: ___________