RECREATIONAL SERVICES SPORT CLUB LAUNDRY REQUEST FORM

CLUB NAME:	B NAME: MANAGER'S NAME:						
PHONE NUMBER:		E-M	AIL:				
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 ar minimum of forty-eight (48)				or completic	on of this laundry r	equest; a	
Manager Signature:					Date:		
		- S	TAFF USE ONLY –				
Date Completed:		Time Completed:		Staff Initials:			
CLUB NAME:	LAUNDRY REQUEST FORM MANAGER'S NAME:						
PHONE NUMBER:	E-MAIL:						
DATE SUBMITTED:	_//	TIME:	AM / PM	STAFF	INITIALS:		
DATE REQUESTED:	//						
DAY: MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
TIME NEEDED:	AM / PM						
Special notes:							
NOTES: Club Managers ar minimum of forty-eight (48)				or completic	on of this laundry r	equest; a	
Manager Signature:					Date:		
		- ST/	AFF USE ONLY –				
Date Completed: _		Time Comp	leted:	St	aff Initials:		