RECREATION EVENT PACKET

Tri-Chair Contact for Event Chair Paperwork & Inquiries

Milan Galovic – milangalovic@iammorrison.com	
Martin Logue - rccyonkers@gmail.com	
Joey Marino – josephmarino223@yahoo.com	

If you have any questions or need help completing the paperwork, please contact a Tri-Chair We are here to support you and thank you for volunteering your time.

Information for Recreation Activity/Event Chairperson

- 1. **Publicity:** The activity chairperson is responsible to relay publicity information for the event.
 - ✓ See Recreation Pre-Event Worksheet.
- **2**. **Flyers:** The activity chairperson must send the flyer to the three (3) Tri-Chairs for approval and distribution.
 - ✓ See Recreation Pre-Event Worksheet.
- 3. Goods in Stock @ MCH: Check with the pantry person (at least 2 weeks in advance) if you plan to use any pantry supplies.
 - ✓ See Recreation Pre-Event Worksheet.

4. Expenses & Income:

Expenses:

- ➤ Large expenditures, such as food for events, etc., shall be subject to the approval of the Tri-Chairs prior to signing a contract or spending money.
- ➤ Required checks need Tri-chair approval. Submit Money Request Sheet to the office one (1) week prior to when needed. Event chairperson may pick up check(s) from the office. No checks can be written on a weekend or a Monday.
- Any monies beyond budgeted expense needs approval from the Tri-Chairs.
- ✓ See Money Request Form.

Income:

➤ 50/50: Please check with a Tri-Chair for tickets.

✓ See Final Tally Sheet.

Concessions:

➤ Include on form and keep separate from other take in money

✓ See Final Tally Sheet.

5. Catered Events:

- > The office must approve the caterer.
- > All caterers must have insurance and be bonded in order to use the kitchen in the Main Club House. A copy of the insurance is required and submitted to the office.

6. Vendors:

- > Any vendor hired, and the cost of the event is \$600.00 or more, the vendor will need to complete a W-9. A W-9 needs to be completed for a single event of \$600.00 or more and/or \$600.00 or more for multiple events in a calendar year. The vendor will receive a 1099 from the office.
- > The vendor will need to provide a certificate of insurance with WLEPOA listed as an additional insured or certificate holder. In lieu of a certificate of insurance the vendor can sign a hold harmless agreement. **See attached Indemnity Agreement**
- The office MUST review and sign all contracts with a copy to the Tri-Chairs.

7. Contacting General Manager for Maintenance Requests:

- ➤ Contact/discuss with General Manager any movement or any needs in any facility. Maintenance is available to help you.
- ✓ See Pre-Event Worksheet.

8. Opening and Closing Facilities, Pantry, Refrigerator & Freezers:

- Contact the office for facilities to be opened and closed. Before or after office hours, please contact security's non-emergency number at 570-493-3198.
- Contact the pantry person for pantry and refrigerators/freezers needs.

9. <u>Sign In/Check in Sheet:</u>

- Required at door for all who attend.
- Ticketed Events: Pick up a copy of your event sheet in the office. This may be used as a checklist for attendance.
- ➤ Non-Ticketed Events need a sign-in sheet.
- ✓ See Sample Sign in Sheet.

10. Event Files:

Office and Tri-Chairs hold copies of previous events for your reference.

11. Event Decoration and Equipment:

➤ Check with a Tri-Chair to see what is available and where it is stored prior to purchasing new décor and/or anything that will require storage. See Event Equipment Person after your event and return any left-over items.

12. Facilities and Locations:

- MCH & Beaver Lodge: Tables should be cleared & kitchen cleaned and returned to initial state.
- > MCH: Make an announcement reminding people to clean off their table.
- All facilities and locations must be kept in an orderly fashion before and after the event.

13. Event Goods/ Leftovers:

- Dry Goods-leave in pantry
- > Perishables-consult a Tri-Chair

14. Event Paperwork:

Submit all bills/receipts with Itemized Expense Worksheet to the office when the event is over. Any monies spent needs documentation.

15. Maximum Capacity:

- MCH: no more than 175
- **Beaver Lodge:** no more than 75

Recreation Pre-Event Worksheet

(This form is to be turned into the office six (6) weeks before the event)

Budget:

Event:

Date:			
Event Chairperson(s):		-	
Co-Chairperson(s):			
When a function is over :	\$2,000 a s	econd ch	airperson is required.
Event Chairperson Phone:		-	E-mail:
Description of Event:			
Event Location:			Event Time:
Do you need tickets for you	r event?		Yes No
If YES, please fill out "R	Recreation 7	Ticket Req	uest Form"
Publicity For Event and O	ther Needs		
Do You Need	Yes	No	Contact
Flyers Made?			Joey Marino 347-576-0541 -josephmarino223@gmail.com
Event posted to Facebook?			Kathy Sollenne 570-689-4721 - ksollenne@wleonline.org
Event posted on board?			Kathy Sollenne 570-689-4721 - ksollenne@wleonline.org
Event added to the calendar?			Kathy Sollenne 570-689-4721 - ksollenne@wleonline.org
Tents?			Paul Pogozelsk 570-689-0506 - pogo1028@echoes.net Please call if tents are needed
Pantry items and access to pantry?			Casandra Galovic 201-240-6122 - <u>casandragalovic@gmail.com</u> Please call if pantry items are needed
Help from Maintenance?			John Carney 570-689-4721 List needs on back of this sheet
Event Equipment?			Terry Cucciniello 908-205-3881 - mamacucc@aol.com Please call if event equipment is needed
Neighborhood Watch			Mal Mack 610-442-5493 <u>-wmack@echoes.net</u> Please call if Neighborhood Watch is needed

Recreation Ticket Request Form

(Submit six (6) weeks prior to event)

Title of Function:	<u> </u>			
Date of Function:				
Time of Function:				
Place of Function:				
Chairperson(s) of Function:				
Chairperson Phone Number When a	function is a	ver \$2,000	a second ch	airperson is required.
Cut-off Date:				er of Tickets to be Sold:
Table Seating?	Yes	No		
How many at a table?		_ How m	any tables _	
Is Venmo Accepted	Yes	No	If yes, a S	\$1.00 service fee is attached.
Is this event for 21 years and older?	Yes	No		
(Only one	(1) extensio	on for ticl	ket cut-off a	s per office request)
\$ amount per adult ticket	plus V	enmo \$1.	.00	ages:
\$ amount per teen ticket:	plus V	Venmo \$1	.00	ages:
\$ amount per child ticket:	plus V	enmon\$1	.00	age:
Special request:				
	_			
Print Name:				
Signature:				

RECREATION

Money/Cash Advance/Payment Request

Today's Date:		
Please Pay:		
	Name of Person	
Phone Number:	Email address:	
Amount:		
Event:		
Event Date:		
Supplies:		
Notes:		
Tri-Chair's Signature:		

Itemized Expenses

Submit at the close of event as soon as possible - limit within thirty (30) days

EVENT:	BUDGET AMOUNT	<u>:</u>	
DATE:			
CHAIRPERSON(S):			
HELPERS:			
HELPERS:			
EXPENSES A	Attach all receipts and sign-in sheet (door)		AMOUNT:
BREAKDOWN OF E	XPENSES PER RECEIPT (attach additional sheet if necessary)		
		=	
		=	
		=	
		=	
		=	
		=	
		=	
		_	
		=	
		=	
		=	
		=	
		=	
		=	
		=	
	TOTAL RECEIPTS:	=	

Copies to be filed with Tri-chairs and office. Please attach quantities of refreshments and food purchased for future reference.

Please submit photos to Kathy in office for Newsletter.

Title of Function:		
Final Tally Sheet		
	(Expenses)	Income
Itemized Expenses Worksheet (TOTAL RECIEPTS)	()	
Tickets sold in office (adult) (x \$)		+
Tickets sold in office (child) (x \$)		+
		T
Tickets sold at door (adult) (x \$)		+
Tickets sold at door (child) (x \$)		+
Money made from 50/50		+
Concessions		+
Other		+
Totals	<u> </u>	*
Cash Advance		
Cash Advance Returned		
Total Profit or Loss for party		
PERDENIAE NATES.		
REFERENCE NOTES:		

Title of Function	n:						

Final Tally Sheet for Bingo

	(Expenses)	<u>Income</u>
Itemized Expenses Worksheet (TOTAL RECIEPTS)	()	
Total Income		+
Cash Advance		+
Money made from food sale		+
Other		+
Totals		+
Total Profit or Loss for party		

Sign-In for Non-Ticketed Events

(Hand in a sign-in sheet with post event worksheet)

Event:		
Date:		
Location:		
Name	Badge # or Lot & Section	# Of People Attending
·		
· · · · · · · · · · · · · · · · · · ·		

Total Attending:

A GROWING ORGANIZATION

1005 Wallenpaupack Drive Lake Ariel, PA 18436-9801

570-689-4721 Fax: 570-689-0912

INDEMNITY AGREEMENT

For good and valuable considerati	on, the receipt of adequacy	of which is acknowledged,	
The undersigned,			
(hereinafter referred to as "the Ve	ndor"), of		
Association (hereinafter referred t and each of it's members, agents, demands, liability, loss, damages, fees, investigative and discovery of arisen, or resulted, or alleged to ha	o as "Association") of 1005 servants, employees, office actions, judgments, costs a costs and court costs which are resulted, from the prese	inpaupack Lake Estates Property Owners Wallenpaupack Drive, Lake Ariel, Pennsy rs and directors, from and against any and all nd expenses, including but not limited to attein any manner may arise or be alleged to have nee, use, activities, and promotions of any nee, licensees, or guests on or adjacent to the promotions.	Il claims orney ve ature or
		and located at	
Wallenpaupack Lake Estates, Lake	e Ariel, Pennsylvania,		
	ns or loss by the Vendor, hi	eath of persons and for loss of or damage to s or her agents, servants, employees, license	
Made and executed this	day of	, 20	
	By		
	-	Vendor	