

11/3/2018



SPHM
HOSPITALITY

SPHM – ACTIVITY FORMS



By: | Agustinus Agus Purwanto, SE MM



Series 800

Activities Forms

Name: _____

Address: _____

Birthday: _____ Age: _____

Favorite Things To Do:

1) _____

2) _____

3) _____

Favorite Holiday: _____

Favorite Movie: _____

Favorite Food: _____

Brothers and Sisters:

Name: _____ Age: _____

Parent's Name: _____ Membership #: _____

Important Phone Numbers:

(Home): _____ (Cell): _____

(Work): _____ (Cell): _____

(Work): _____

The Kids' Club Membership Program at The Club is specially tailored to those children between the ages of 6 and 12. All memberships are invited to join. There is no initiation fee and no monthly dues! Kids' Club Members will enjoy quarterly newsletters filled with puzzles, jokes, member bios, upcoming member birthdays, and descriptions of events and activities planned just for them!

Sign up today and you can look forward to special movie nights, pizza parties, community service events, pool parties, pen-pal programs and athletic and educational programs. This is a great way to meet other kids at the Club and join in on all the fun! All you have to do is fill out this application and return it to the Director of Activities. You can pick up extra applications at the Club front desk.

We look forward to having you in the Club!

Please return to: Activities Director

Date Received: _____

Planning

- Is the idea new and appealing?
- Are current trends taken into account?
- Is the program customer-driven and supported?
- Does the idea compliment, not compete, with any other activities or events scheduled at the same time?
- If the program is an old favorite, can it be updated or freshened?
- Can new technology or equipment be used?
- Is the activity unique and does it make best use of available resources?
- Do you have a plan for adapting the program for those with disabilities?
- Do you have a back-up plan in case of bad weather?
- Is the price fair, competitive, and appropriate?
- Are your costs covered?
- Have the best staff been scheduled and prepared?
- Is the planned ratio of staff to participants appropriate?
- Are the best possible resources used for entertainment and assistance?
- Is the program appropriate and sensitive to the needs of your audience?
- Is the program culturally sensitive?
- Is the program geared to the appropriate age group?
- Is the program realistic for your resources and experience?
- Do you have all necessary permits and authorizations to plan this program?
- Are your plans and files organized and methodical?
- Have you involved everyone who might be critical to the success of your program?
- Are details considered?
- Is everything in keeping with the theme?

Promotion

- Will participants want to attend based on your message?
- Is the name and promotion clever enough to entice and clear enough to properly represent the event?
- Is the message appropriate to the demographics of the targeted group?
- Does the promotion maximize exposure for the entire Club and involve other departments/entities, if possible?
- Is advertising and promotion timely?
- Does the message fit into the "big picture" mission of the Club?
- Have you considered and used all appropriate venues and means of production?
- Is your promotion "on target" for the audience?

Putting It On

- Does the program involve the senses? Is it big & loud, does it smell & taste good, is it colorful & eye-appealing?
- Is it safe? Has every effort been made to minimize and manage risk?
- Is it fun? Will everyone be involved and challenged?
- Is participation maximized for everyone? Is waiting around time minimized?
- Do you know how to explain the program or rules?
- Have you practiced or reviewed to make sure the program fits time allotted? Has program been rehearsed?
- Does the program "flow"
- Have staff been oriented and trained?

Putting It On, Continued

- Are all equipment and supplies readily available and in good shape?
- Does the equipment reflect the right image for the Club?
- Is showmanship used in presenting the program?
- Are enthusiastic staff used?
- Does everyone have the necessary skills and training for the program?
- Does the program create an experience for everyone involved?
- Are you able to add value to the program?
- Have you communicated with everyone involved?
- Is the program a "Smile Maker?"

Post Event Wrap Up

- Are participants asked for their feedback?
- Are staff polled for suggestions and comments?
- Have you evaluated the event based upon participation numbers and revenues?
- Is a profit and loss statement completed?
- Is everything "cleaned up", returned and put back in place?
- Are thank you's made to vendors, staff, resources, and participants?
- Have you made plans for future programs of the same sort?
- Are files completed and closed?

Type of Event: _____

Worksheet Date:

Estimated Number of Participants: _____

Original: _____

Date and Location: _____

Revision: _____

| Category | Budget | Revision | Actual |
|--|--------|-------------------------|--------|
| A C T I V I T Y L A B O R | | | |
| ____ Staff x \$ _____ x _____ hours | | | |
| ____ Supervisor(s) x \$ _____ x _____ hours | | | |
| | | TOTAL LABOR | |
| A C T I V I T Y E L E M E N T S | | | |
| Entertainment/Costumes | | | |
| Decor | | | |
| Audio Visual | | | |
| Equipment | | | |
| Supplies | | | |
| Transportation | | | |
| Tips | | | |
| Ticket Costs | | | |
| Food & Beverage | | | |
| Prizes | | | |
| Promotional Cost | | | |
| Staff Tickets | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| | | TOTAL ACTIVITY ELEMENTS | |
| A C T I V I T Y C O S T T O T A L S | | | |
| ACTIVITY COST (Labor + Elements) | | | |
| TOTAL ACTIVITY CHARGE | | | |
| P E R P E R S O N C H A R G E & P R O F I T / L O S S | | | |
| Total Activity Charge Divided by _____ Participants | | | |
| Profit/Loss | | | |

Prepared by

Date

DATE: _____ DAY OF WEEK: _____

ACTIVITY/EVENT # OF PARTICIPANTS

OF PARTICIPANTS

PLEASE FILL OUT THIS FORM EVERY DAY AND PLACE IT IN THE ACTIVITIES DIRECTOR'S BOX.

Date of Event: _____

Type of Event: _____

Member Name: _____

Member #: _____

Child's Name: _____

Age: _____

Address: _____

Phone # (H): _____

(W): _____

(M): _____

(FAX): _____

Event Location: _____

Time: _____

of Guests: Children - _____

Adults - _____

SPECIAL NEEDS:

Coolers of Sodas Yes No (Include: _____)

Adult Cooler Yes No (Include: _____)

Balloons Yes No (Include: _____)

Complimentary Tokens Yes No

Skirted Table Yes No

Other: _____

** Birthday Party Reminder: Paper products, carving knife, matches, candles, etc. **

PROJECTED COST:

Rental Fee(s): \$ _____ /hour for _____ hour(s) = \$ _____

Service Charge: \$ _____

Purchased Tokens: \$ _____

Drinks Consumed: \$ _____

Balloons: \$ _____

Cake Service: \$ _____

Food Service: \$ _____

Total: \$ _____

(Date Sent) Confirmation Letter _____ Thank You Note _____

SPHM Golf & Country Club

Kids' Corner Reservations Sheet

Day: _____

Date: _____

Children must be ages 3-6 to attend. Ratio is 6:1

Waiting List

(Please list name, age, location, phone #, member #, time, and your initials if you called them.)

Name of Event: _____ Date/Time: _____

Number of Participants: _____ Charge: _____

Location: _____

Staff Who Worked Event:

Menu:

Purchased Items/Cost of Items:

Contracted Entertainment: (Name, phone, fax, address, cost)

Prizes & Cost:

Positive Feedback on Event:

attach continuation sheet, if necessary

How to Improve:

attach continuation sheet, if necessary

Set Up:

attach continuation sheet, if necessary

Repeat This Event? Yes No

If Under 50 Participants, Attach List of Attendees.

Event Description/Other Comments:

attach continuation sheet, if necessary

Please attach promotion flyer to front. Also attach any directions, pictures, brochures, etc., relating to this event.

| | | Weather: | | Check all that apply | |
|----------|--------------------------|----------|--------------------------|----------------------|--------------------------------|
| Sun | <input type="checkbox"/> | Full | <input type="checkbox"/> | Partly | <input type="checkbox"/> |
| Rain | <input type="checkbox"/> | None | <input type="checkbox"/> | Light | <input type="checkbox"/> Heavy |
| Wind | <input type="checkbox"/> | None | <input type="checkbox"/> | Light | <input type="checkbox"/> Heavy |
| Snow/Ice | <input type="checkbox"/> | None | <input type="checkbox"/> | Light | <input type="checkbox"/> Heavy |
| T/Storms | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SPHM Golf & Country Club

Activity Sign In Sheet

Day: _____

Date: _____

DATE: _____

MEMBER #: _____

CHILD'S NAME: _____

PARENT'S NAME: _____

AGE: _____ DATE OF BIRTH: _____

PHONE (H): _____ (W): _____ (M): _____

ADDRESS: _____

ALLERGIES: _____

BROTHERS/SISTERS? AGES?: _____

Please list any information that we should know about your child. Likes, dislikes, fears, etc.

SPHM Golf & Country Club

Activity Reservations Sheet

DATE/TIME: _____

EVENT: _____

WHERE: _____

COST: _____

AGES: _____

LIMIT: _____

NAME

ATTENDING MEMBER # PHONE

WAITING LIST

NAME

ATTENDING MEMBER # PHONE

To be completed and signed at the end of the opening shift

Item

| | |
|--|--|
| | Turn off security system |
| | Turn on lights in fitness & aerobics rms, Kid's Corner, & Teen Center |
| | Check all rooms for cleanliness. Straighten up if necessary. |
| | Turn on TV to channel 9 in Theater |
| | Review previous day's closing checklist |
| | Unlock door of Kid's Corner leading to play area |
| | Unlock door of Fitness & Aerobics Rooms, Theater, & Teen Center |
| | Check employee schedule and review events/tasks for the day |
| | Listen to phone messages and return calls as necessary |
| | Check supply of towels in fitness and aerobics rooms |
| | Review day's activities. Set up daily clipboard. |
| | Make any necessary phone calls relating to the day's activities |
| | Turn on computer |
| | List any problems you had during opening. |
| | Check supply of water and cups in Reception Office, Aerobics Room, & Fitness Room. |
| | List all events on the Daily Activities Board in the Reception Office. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Attendant's Signature: _____ Date: _____

To be completed and signed at the end of the closing shift

Item

- Straighten desk area
- Put the "Sign-in" sheets in the "Old Sign-ins" folder
- Fill out the Daily Report and put in Activity Director's box
- Make sure all TVs are turned off
- Put chits in an envelop for Accounting.
- Straighten Teen Center, turn off lights
- Straighten fitness & aerobics rooms, turn off lights
- Wipe down fitness equipment with cleaner
- Straighten Kid's Corner, turn off lights, make sure games/equip are complete
- Collect all used towels and place in dirty linen hamper
- Restock towels
- Make sure all facilities are empty
- Make sure all doors are closed and locked
- Turn off lights in each room
- Put the phones on "Night Service"
- Set the security alarm and exit the building
- Note any burned out exterior lights
- Pick up any trash on the way to your car

Attendant's Signature: _____ Date: _____

SPHM Golf & Country Club

Family Activities Center

Time Off Schedule

Please mark through the times on this chart that you know you will not be able to work on a regular basis. (For example: church, summer school, other job, etc.)

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-------------------|-----|-----|-----|-----|-----|-----|-----|
| 9 - 10 a.m. | | | | | | | |
| 10 - 11 a.m. | | | | | | | |
| 11 a.m. - 12 p.m. | | | | | | | |
| 12 - 1 p.m. | | | | | | | |
| 1 - 2 p.m. | | | | | | | |
| 2 - 3 p.m. | | | | | | | |
| 3 - 4 p.m. | | | | | | | |
| 4 - 5 p.m. | | | | | | | |
| 5 - 6 p.m. | | | | | | | |
| 6 - 7 p.m. | | | | | | | |
| 7 - 8 p.m. | | | | | | | |
| 8 - 9 p.m. | | | | | | | |

Please use the space below to elaborate on days off.

Signature: _____ Date: _____

SPHM Golf & Country Club

Swim Lesson Sign Up

Class: Days:

Time: _____ Cost: _____

Instructor: _____ Ages: _____

Child's Name

Age Mbr #

Phone Number

WAITING LIST

Child's Name

Age Mbr #

Phone Number

SPHM Golf & Country Club

Swim Lesson Participation Sheet

Session (circle one): 1 2 3 4

Dates:

Class:

Time:

Instructor:

Lesson Dates

Child's Name

** Make-ups will be:

Comments: (i.e., please indicate which classes will be made up, with the make-up date and time, also include if a child has been moved up or down from this class and if a child has moved into this class.)

Instructors: Please turn in an updated copy of this form to the Aquatics Manager every Friday. The completed copy with make-up dates included are due by: _____

SPHM Golf & Country Club**Activity Event Profit & Loss**

Event: _____

Date: _____

Location: _____

| Income: | G/L Acct # | Count | Amount | Total Budget | Total Actual |
|------------------------|------------|---------|--------|--------------|--------------|
| Activity Fees | 347 100 | _____ @ | _____ | _____ | _____ |
| Food Income | xxx xxx | _____ @ | _____ | _____ | _____ |
| Beverage Income | xxx xxx | _____ @ | _____ | _____ | _____ |
| Other: | 347 200 | _____ | _____ | _____ | _____ |
| Other: | 347 200 | _____ | _____ | _____ | _____ |
| Other: | 347 200 | _____ | _____ | _____ | _____ |
| Total Income | | | | _____ | _____ |
| Expenses: | | | | | |
| Entertainment/Costumes | 447 030 | _____ | _____ | _____ | _____ |
| Décor | 447 055 | _____ | _____ | _____ | _____ |
| Audio/Visual | 447 056 | _____ | _____ | _____ | _____ |
| Equipment | 447 800 | _____ | _____ | _____ | _____ |
| Supplies | 447 615 | _____ | _____ | _____ | _____ |
| Transportation | 447 615 | _____ | _____ | _____ | _____ |
| Tips | 447 616 | _____ | _____ | _____ | _____ |
| Ticket Costs | 447 150 | _____ | _____ | _____ | _____ |
| Food Expense | 447 495 | _____ @ | _____ | _____ | _____ |
| Beverage Expense | 447 430 | _____ @ | _____ | _____ | _____ |
| F&B Labor | 447 613 | _____ | _____ | _____ | _____ |
| Prizes/Giveaways | 447 100 | _____ | _____ | _____ | _____ |
| Promotional Costs | 447 100 | _____ | _____ | _____ | _____ |
| Staff Tickets | 447 100 | _____ | _____ | _____ | _____ |
| Other: | 347 200 | _____ | _____ | _____ | _____ |
| Other: | 347 200 | _____ | _____ | _____ | _____ |
| Other: | 347 200 | _____ | _____ | _____ | _____ |
| Total Expenses | | | | _____ | _____ |

Comments: _____

Activity Director's Signature: _____ Date: _____

SPHM Golf & Country Club

Club Activity Sign In Sheet

Day/Date: _____

| # | Time | Member Name | Member Number | # of Adults | # of Children* | # Adult Guests | # Children* Guests | Member's Signature |
|----|------|-------------|---------------|-------------|----------------|----------------|--------------------|--------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |

SPHM Golf & Country Club

Club Event Release and Indemnity Agreement

Name of Club: _____

THIS RELEASE AND INDEMNITY AGREEMENT ("Release") is made by the undersigned responsible Participant (the "Participant"), to release and indemnify the above named Club, a corporation, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, and assigns (collectively, the "Club"), as set forth below.

1. Activity/Event. The Participant, on Participant's own behalf and on behalf of the other members of Participant's family, including Participant's spouse, parents, children, heirs, and assigns, hereby grants to the Club this full release and indemnification as consideration in exchange for participating **OR** permitting the below named Child under age 18 (the "Child") to participate in the following described athletic or physical activity or event (the "Activity/Event"):

Activity/Event: _____

2. Release and Indemnity

Participant is voluntarily participating **OR** allowing a Child to participate in the activity/event, special event, or off-site activity with full knowledge, understanding and appreciation of the risks of injury inherent in any physical exercise, massage or therapy program, physical activity or athletic activity and expressly assumes all risks of injury and even death which could occur by reason of participation. Participant releases club from any liability and agrees not to sue club with respect to any cause of action for bodily injury, property damage, or death occurring to Participant **OR** Child as a result of participating in the activity/event.

Participant hereby assumes full responsibility for risks of bodily injury, property damage or death to Participant **OR** Child due to the ordinary negligence or gross negligence of the club and the ordinary negligence, gross negligence, or willful misconduct of any third party including others participating in the activity/event. Participant agrees to indemnify, defend, and hold harmless, at participant's sole cost, the Club from any and all claims arising out of Participant's **OR** Child's participation in the activity/event.

All personal property brought to the activity/event, is brought at the sole risk of Participant **OR** Child as to its theft, damage, or loss.

3. Medical. Participant consents to emergency medical care and transportation in order to obtain treatment in the event of injury to the Participant **OR** Child as the Club may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.

4. Severability. Participant expressly agrees that the terms of release and indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of the state in which Club operates its business. Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The offending provision or portion shall be construed to the maximum extent possible to confer upon the parties the benefits intended thereby. Said provision or portion, as well as the remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

THE PARTICIPANT HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND INDEMNITY AGREEMENT.

PARTICIPANT: _____ / _____
Printed Name _____ Member Number _____

SIGNATURE: _____ / _____

Date _____

IF CHILD: _____ / _____
Child's Printed Name _____ Age _____

SPHM Golf & Country Club

Club Fitness Instructor Guidelines/Contract

The following guidelines conform to the Club Rules and Regulations and are provided here to establish a uniform standard for all contracted Fitness Instructors:

- All new instructors will be in a probationary status for one month or 4 classes, whichever, is the shorter period of time.
- After completion of the probationary period and a formal review by the Activities Director, the fitness instructor will, at the sole discretion of the Club, be granted a contract for services.
- Fitness instructors are considered contract employees of the Club. As such they are not entitled to any benefits provided to other classes of employees. In this capacity they report to and take direction from the Activities Director.
- It is incumbent upon fitness instructors to be fully prepared for all classes, to be on time, and in appropriate dress/uniform. Instructors will strive to provide an upbeat and healthy workout, commensurate to the level of class given. Class formats and difficulty level will be geared to the audience.
- All instructors and classes will be reviewed semi-annually by the Activities Director.
- The Club has the right to cancel classes and contracts due to home owner request/complaint, insufficient class numbers, schedule changes, participant safety, inappropriate class format, or any other reason deemed necessary by management.
- Class format and level of difficulty must conform to that established by the Club and announced in Club publications and activity schedules.
- Instructor concerns with Club policy and procedure must be discussed with management, not home owners.

Instructor's Signature:

Date:

Activities Director's Signature:

Date:

The following guidelines conform to the Club Rules and Regulations and are provided here to establish a uniform standard for all contracted Fitness Trainers:

- Fitness Trainers will be in a probationary status for one month or 4 training sessions, whichever, is the shorter period of time.
- Fitness Trainers are considered contract employees of the Club. As such they are not entitled to any benefits provided to other classes of employees.
- Marketing of the Fitness Trainers and their programs will be a joint effort between the trainer and the club.
- It is incumbent upon Fitness Trainers to be fully prepared for all sessions, to be on time, and in appropriate dress/uniform. Fitness Trainers will strive to provide an upbeat and healthy workout, commensurate to the level of member ability. Training sessions and difficulty level will be geared to the individual member.
- All Fitness Trainers will be reviewed at least annually by the Activities Director or Assistant.
- The Club has the right to cancel contracts due to member complaints, schedule changes, member safety, inappropriate trainer practices, or any other reason deemed necessary by management.
- Fitness Trainer concerns with Club policy and procedure must be discussed with management, not members.
- Fitness Trainers agree to a set price that will be charged per hourly session. This price will apply both on and off the club property. The Fitness Trainers will complete a pre-designed spreadsheet which will be used to charge the member through their club account and to pay Fitness Trainers. The fee for members will be \$60/hourly session for 1-7 sessions of which the club will receive \$15/session. For a session package of 8 or more sessions purchased at one time, the cost will be \$55/session of which the club will receive \$10/session.
- Fitness Trainers will provide a Member Orientation time each week for one hour. The cost to the members will be \$20, all of which will be kept by the club. The club will maintain a signup list for these orientations. Minimum of one and maximum of four members per session. If orientations do not have any participants 48 hours in advance, the club reserves the right to cancel. At a point in the future as determined by the club, the frequency pattern for this orientation will be reviewed and possibly adjusted based on member need.
- If a member attends the fitness orientation and immediately signs up for 8 or more sessions of personal training, then the \$20 fee is waived.
- Fitness Trainers understand that if at any time they train a member of the Club either on or off the property without providing payment to the Club, their contract will be terminated immediately. An exception will be made for those that have been grandfathered in as listed in this contract.
- The Club maintains that no other Fitness Trainers will be allowed to train at Club facilities.

Instructor's Signature:

Date:

Activities Director's Signature:

Date:

Name: _____

Address: _____

Phone Numbers: (Home) _____ (Cell) _____

E-mail Address: _____

Emergency Contact: (Name/Relationship) _____

Phone Numbers: (Home) _____ (Cell) _____

Current Certifications (make copies): _____

Number of years teaching: _____

Current CPR card expiration date (make copies): _____

Classes most interested in teaching: _____

Why do you enjoy teaching group fitness classes? _____

Instructor's Signature:

Date:

SPHM Golf & Country Club

Bi-Weekly Time Sheet

Pay Period From: _____ To: _____

Employee Name: _____ Department/Club: _____

| Wk 1 | Date |
|------|------|
| FRI | |
| SAT | |
| SUN | |
| MON | |
| TUE | |
| WED | |
| THU | |

| IN | OUT | Total | #'s |
|----|-----|-------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Notes:

Total Hours Week 1:

| Wk 2 | Date |
|------|------|
| FRI | |
| SAT | |
| SUN | |
| MON | |
| TUE | |
| WED | |
| THU | |

| IN | OUT | Total | #'s |
|----|-----|-------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PERIOD TOTAL HOURS:

Total Hours Week 2:

Employee's Signature:

Date:

Manager's Signature:

Date:

Comments: