

RECREATION CENTERS OF SUN CITY, INC.

10725 W. Oakmont Avenue

Sun City AZ 85351

623-561-4660

REQUEST FOR CHARTERED CLUB AUDIT

I request an audit/financial review of the following RCSC Chartered Club:

Are you a member of this club? ____ Yes ____ No

Please provide the specific reason you are requesting this audit/financial review, to include a detailed statement of any specific concerns you may have. If you are not a member of this club, please provide the source of your information. Your request must be made in good faith and for a proper purpose.

Person requesting a Chartered Club Audit must be a RCSC Cardholder in good standing for at least six months before a request for club financial review will be considered.

Date

Signature

RCSC Cardholder Number

Printed Name

Phone _____ Email _____

Approved for review:

BOARD OF DIRECTORS

Date

By: _____

DATE OF AUDIT/FINANCIAL REVIEW: _____

AUDITED BY: _____

SIGNATURE

PRINTED NAME

FORM BP:12 SEC 29