

Application to Use Community Building for Private Event

Lot Number

The Community Building is available for use by Reserve at Gearhart Homeowners' Association Members and their designated guests on a first come first served basis. Please be aware that there is an occupancy limit of 40 individuals. A comfortable maximum is 25-30. The backyard and picnic tables are NOT available for use; the HOA does not own that area. Parking is available only as designated in the parking lot and at the front of the building. If you wish to park along street frontage, please respect neighboring landscape and driveways. There is additional off-street parking at the play park.

Both front and back doors must remain unlocked during the event. Smoking is prohibited on the premises and no alcohol may be served to or consumed by minors. The contact individual listed (and phone number) must be always available and on site during the event in case of an emergency.

Name:		Lot Number:	
Address:		Phone:	
Email:		_	
Date requested:	Start Time:	End Time:	(10:00 PM Limit)
Purpose:		Number of Attendees:	(40 max.)
Will alcohol be served:Yes	No If Yes, by whom	:	
•	s required to hold your reservation. it will be refunded. A cancellation v	•	•
	rill be made if the facility is clean an eted "Facilities Checklist Form" mus	=	
using the facility located at 5400 S the Association, its agents and insticlaims for personal injury, emotion way related to me and my guest's not supervised, and I use the facility. Association is not responsible for at the facility, I agree to be on site responsible for the conduct of my Checklist Form". I will reimburse the	WAIVER OF LIABIL case Waiver" with the Reserve at Generidan Drive. In consideration for urers from all claims, demands or sunal injury, property damage, medical presence at the facility or use of the ty (including premises and equipment any lost or stolen valuables or property for the duration of my event and to guests. I agree to clean the facility the Association for the costs of reparty designated Board or committee many lost or stolen wall and the facility of the duration for the costs of reparty designated Board or committee many lost or stolen wall and the facility of the designated Board or committee many lost or stolen wall and the facility of the designated Board or committee many lost or stolen wall and the facility of the designated Board or committee many lost or stolen wall and the facility of the designated Board or committee many lost or stolen wall and the facility of the designated Board or committee many lost or stolen wall and the facility of the facility of the designated Board or committee many lost or stolen wall and the facility of	earhart Homeowners Association use of the facility, I and my guests uits at law and equity, including bal expenses, loss of services, on acte facility and/or equipment. I recent) entirely at my own risk. I underty from within the facility or on conduct myself in a responsible and perform the duties provided iring any damage to the facility re	s waive and release ut not limited to count of or in any ognize the facility is erstand that the the property. While manner. I am solely for in the "Facilities sulting from my use.
Print Name:			
Cignatura		Data:	



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Facilities Checklist Form

Please complete this form before leaving the premises at the conclusion of your event. A partial refund of your deposit will be given after this form is returned and the condition of the facility verified.

I have	ve performed the following activities at the conclusion of my event	at the clubhouse:	
	Cleaned and stored glassware, dispose of all paper or plastic utensils, dishware and other items used. (We have no recycling bin on site. Please be sure to take recyclable items with you for proper disposa		
	Folded furniture and stored as found. (If tables are folded, they must be stored on rubber matting)		
	Cleaned kitchen appliances, counter, sink area and floor.		
	Removed all food from refrigerator and building.		
	Removed all trash from baskets and deposited in outside receptacle.		
	Cleaned bathroom toilet, sink area and floor, and replaced amenities as appropriate.		
	Swept floors in main area and cleaned up any spills.		
	Checked entry, patio, porch, and parking areas for debris.		
	Closed any open windows.		
	Turned off all heat sources.		
	Removed all personal belongings including decorations.		
	Turned off lighting except for switches designated to be left on.		
	Locked both front and back doors.		
	Reported any damage or issues to facilities manager.		
Print	t Name: Dar	te of Event:	
Signa	nature: Dat	te:	