

EL DORADO WAY CONDOMINIUM ASSOCIATION

CLUBHOUSE RESERVATION REQUEST

THIS FORM MUST BE FILLED OUT FULLY AND COMPLETELY, AND MUST BE DATED AND SIGNED. PLEASE PRINT OR TYPE (EXCEPT SIGNATURES). **MAIL OR DELIVER COMPLETED FORM, TOGETHER WITH TWO SEPARATE CASHIER'S CHECKS OR EQUIVALENT FOR \$35.00 NON-REFUNDABLE FEE AND \$200.00 DEPOSIT (AND A THIRD KEY DEPOSIT OF \$25.00, IF APPLICABLE AS PROVIDED IN RULE 8.4), TO ON-SITE MANAGER'S OFFICE.**

1. APPLICANT (must be resident):

NAME: _____ UNIT NO.: _____

TELEPHONE-WORK: _____ HOME: _____ MOBILE: _____

E-MAIL: _____ EXPECTED NUMBER OF GUESTS (MAXIMUM OF 30): _____

2. FUNCTION:

DATE REQUESTED: _____ ALTERNATE DATE (if necessary): _____

START TIME: _____ END TIME: _____ (must

end by 10 p.m., Sunday – Thursday, and midnight, Friday and Saturday, or 1 a.m. New Year's Day)

3. GENERAL NATURE OF FUNCTION: _____

4. **AGREEMENT**: The undersigned hereby agrees to abide by Rule 8.4 of the Association's Rules and Regulations, including proper clean-up and return of clubhouse key to on-site manager's office by 10 a.m. on the first business day following the function, and all other applicable Rules, understands and agrees the undersigned is/are responsible for supervision of and liable for any damages or vandalism caused by undersigned or any guest at the function, whether invited or not, and hereby releases and agrees to indemnify the Association, and its Board of Directors, officers and agents from any and all liability, claim, suit, action, loss, damage or obligation (including costs of defense or settlement, with attorneys fees) relating directly or indirectly to the function, or use of the clubhouse in connection therewith or the conduct of the undersigned or any of undersigned's guests thereat.

Applicant's Signature: _____ Date: _____

Owner's Signature (if applicable): _____ Date: _____

FOR ASSOCIATION USE ONLY

5. Request Processing:

A. Request Received By: _____ Date: _____

B. Non-Refundable Fee – Date Received: _____ Amount: _____

C. Damage Deposit – Date Received: _____ Amount: _____
Returned – Date: _____ Amount: _____
Remarks: _____

D. Key Deposit – Dated Received: _____ Amount: _____
Returned – Date: _____ Amount: _____
Remarks: _____

E. Request Approved – By: _____ Date: _____
Remarks: _____

6. Post-Function Inspection:

A. General:

___ Trash Removed: _____ Restrooms Cleaned: _____
___ Furniture Arranged: _____ Stove Cleaned: _____
___ Floors Cleaned: _____ Refrig. Cleaned: _____
___ Counters Cleaned: _____ Tables Cleaned: _____

B. Check-List (put “x” as to any problem area and explain under “Remarks”):

PARTY ROOM	___ Wall switches	___ Towel dispenser
___ Wallcovering	___ Stove	___ Tissue dispenser
___ Carpet	___ Refrigerator	___ Toilets
___ Burns	___ Wallcovering	___ Exhaust fans
___ Stains	___ Light fixtures	HALL BAR
___ Furniture	___ Cabinets	___ Light fixtures
___ Stains	___ Counter tops	___ Mirror
___ Tears	___ Vent-a-hood	___ Sink
___ Placement	___ Sink	___ Cabinets
___ Inventory	___ Dishwasher	___ Counter tops
___ Electric outlets	BATHROOMS	___ Shelves
___ Wall switches	___ Flooring	GENERAL
___ Light fixtures	___ Light fixtures	___ Fireplace
___ Windows/frames	___ Mirrors	___ Screen
___ Drapes	___ Sink	___ Condition
___ Flooring	___ Cabinets	___ Doors locked
___ Electric outlets	___ Counter tops	

C. Remarks: _____

D. Inspected By: _____ Date: _____