

INDIAN RIDGE CONDOMINIUM ASSOCIATION

CLUBHOUSE RESERVATION REQUEST (2 WEEK NOTICE REQUIRED)

ALL INFORMATION MUST BE COMPLETED

Date Requested: _____

Hours: _____
(8 hour maximum length, between 9:00 AM & 11:30 PM)

Resident's Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Type of Function: _____

Number of Guest: _____ (Maximum limit 60 persons)

Date Request Made _____

Signed: _____

Rental Fee: \$ _____ **On** _____ **Check No.** _____

Deposit Fee: \$ _____ **On** _____ **Check No.** _____

(Please Make Out 2 Separate Checks: 1 Rental, 1 Deposit)

Rental Fee Returned: \$ _____ **On** _____ (For Cancellation Purposes Only)

Deposit Fee Returned: \$ _____ **On** _____

SPECIAL INSTRUCTIONS:

(If your function will be a surprise party; please indicate the appropriate contact person(s) and telephone number(s) and times to be reached for confirmation of function information including opening /closing details.)

Please note functions booked without a 2 week notice are subject to an additional \$25.00 fee.