## INDIAN RIDGE CONDOMINIUM ASSOCIATION

## <u>CLUBHOUSE RESERVATION REQUEST (2 WEEK NOTICE REQUIRED)</u>

ALL INFORMATION MUST BE COMPLETED

Function Date:	
Hours:	
Start (8-hour maximum length, i up time and clean up time po	Conclusionbetween 9:00 AM & 11:30 PM. Please allow from set eriod.)
Resident's Name:	
Address:	
Home Phone: Cell:	Work Phone:
Type of Function:	
Number of Guest:	(Maximum limit 60 persons)
Request Made	
Signed:	

## (Please Make Out 3 Separate Checks: 1 Rental, 1 Disinfection, 1 Deposit)

Rental Fee: \$	On		Check No
Disinfection Fee: \$	On _		Check No
Deposit Fee: \$	On		Check No
Rental Fee Returned: Purposes Only)	\$	On	(For Cancellation
Deposit Fee Returned:	\$	On	

## **SPECIAL INSTRUCTIONS:**

A function coordinator will be in contact with you prior to your function date. This individual will meet you at the clubhouse entrance at your designated function start time, documented above. This coordinator will walk the function room with you to note any concerns with the facility. An additional inspection will occur after the end of your function. Results of this inspection will determine the return of your security deposit.

(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.