

THE AVILA PARK CONDOMINIUM ASSOCIATION

PARTY ROOM RESERVATION FORM

HOMEOWNER NAME: _____

TENANT NAME: _____

ADDRESS: _____

DATE REQUESTED: _____

DESCRIPTION OF EVENT: _____

TIME: _____

NUMBER OF ATTENDEES: _____

CONTACT INFORMATION: HOME PHONE: _____ WORK PHONE: _____

EMAIL _____

AGREEMENT BETWEEN HOMEOWNER AND AVILA PARK HOA:

- I AGREE THAT A \$200.00 DEPOSIT SHALL SERVE TO COVER ANY TRASH AND/OR DAMAGE THAT IS INTRODUCED UPON THE PARTY ROOM AND SURROUNDING PROPERTY AS A RESULT OF THIS FUNCTION. THIS FORM AND THE CHECK MUST BE IN THE HANDS OF CMS ONE WEEK PRIOR TO DATE OF PARTY.
- I AGREE THAT THIS FUNCTION WILL TERMINATE NO LATER THAN 10:00 P.M.
- I AGREE THAT PARKING OF VEHICLES WILL NOT INTERFERE WITH THE ROADWAYS OR OTHER HOMEOWNER'S DRIVEWAYS.

SIGNED: _____

DATE: _____

FOR OFFICE USE ONLY:

DEPOSIT CHECK NUMBER: _____

DATE RECEIVED: _____

SIGNED: _____

Management Representative