



## COMMUNITY ROOM RESERVATION FORM

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Date Requested: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Condominium #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tenant's Name (if applicable): \_\_\_\_\_

Tenant's Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Address: \_\_\_\_\_

Music: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Type: \_\_\_\_\_

Time: From: \_\_\_\_\_ To: \_\_\_\_\_ Kitchen Help: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Guests: \_\_\_\_\_ Caterers: Yes \_\_\_\_\_ No \_\_\_\_\_

Deposit Amount Required: \_\_\_\_\_ Alcohol Served: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Deposit Received: \_\_\_\_\_

**Board Decision:** \_\_\_\_\_

Fee Charged \$ \_\_\_\_\_

Insurance Certificate Received: \_\_\_\_\_

I HAVE READ THE PROJECT GUIDELINES AND AGREE TO ABIDE BY THEM AND TO PAY FOR ANY DAMAGE, MISSING ITEMS, AND FEES OR FINES LEVIED FOR INFRINGEMENTS.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*(OFFICE USE ONLY)*

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**PRE-EVENT INSPECTION NOTES**

*(Inspecting party must sign and date below.)*

Existing Damage to *(list as applicable)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any carpet stains/damage (if so, indicate approximate location): \_\_\_\_\_  
\_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Inspecting Person: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Signature: \_\_\_\_\_

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**POST-EVENT INSPECTION NOTES**

*(Check the appropriate box below and explain if there is damage. Inspecting party must sign and date below.)*

: No Damage: Full refund of damage deposit recommended.

: Damage Consists of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Needs Cleaning: \_\_\_\_\_

(List item damaged/needs cleaning and amount of applicable fee/fine):

Fee or Fines: \_\_\_\_\_  
Fee or Fines: \_\_\_\_\_  
Fee or Fines: \_\_\_\_\_  
Fee or Fines: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Deposit: \_\_\_\_\_ Amount Deducted: \_\_\_\_\_ Total to Refund: \_\_\_\_\_

Name of Inspecting Person: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_