



COMMON AREA RESERVATION REQUEST

UNIT #: _____

DATE: _____

RESIDENT NAME (PRINT): _____ CIRCLE ONE: **OWNER OR LESSEE**

CONTACT PHONE NUMBER: _____

I, _____ request the _____ room/area for a private, non-commercial function, for _____ guests.

***The Fitness Room Annex is not available for private functions.
Common areas cannot be reserved on holidays!***

Reservation request date: _____ **Time start:** _____ **Time ending:** _____

1. I am requesting approval for the reservation of the above stated room for a private function. The function will be in accordance with all WaterGarden Condominium Association, Inc. rules and regulations, as well as insurance, city, county and state ordinances and/or requirements that are in place at the time of the function. I understand and acknowledge that the maximum allowable attendees to this function are regulated by the stated maximum capacity of the room I am reserving.
2. I will conduct a brief walk-through of the room I am reserving with a representative of the WaterGarden condominium association, inc. Prior to, as well as immediately after, the function. The resident reserving the room will be held responsible for any damages noted during the post-function walk through that were not noted during the pre-function walk-through. The times scheduled for the walk-through are as follows:

Pre-function walk-through: _____ **Post-function walk-through:** _____

INITIAL: _____ (I HAVE READ AND UNDERSTAND THE TWO CLAUSES ABOVE.)

1. I understand and acknowledge for the garden area and club room there is a maximum of 50 attendees permitted. For the board room, there is a maximum of 10 attendees permitted. For the theater room, there is a maximum of 16 attendees permitted. For the sports lounge, there is a maximum of 40 attendees permitted.
2. I understand and acknowledge that the condominium is a residential, not a commercial, establishment and that the local noise ordinances prohibit loud noise of any type after 10 p.m., therefore I agree to diminish the noise level of the function at 10 p.m. and that the party must be complete and the guests exiting the common area no later than the time specified on this reservation form.
3. I understand and acknowledge that I am required to provide the association with a guest list at least 72 hours prior to the function. I further understand that guests not listed on the guest list shall not be allowed to attend the function.
4. I acknowledge, understand and agree that a refundable security deposit of one thousand dollars (\$1,000.00) is required at the time of reservation. (check needs to be made out to WaterGarden) THE BOARD ROOM, THEATER ROOM AND SPORTS LOUNGE WILL REQUIRE A (\$500.00) DEPOSIT.

INITIAL: _____ (I HAVE READ AND UNDERSTAND THE FOUR CLAUSES ABOVE.)

RESERVATIONS WILL NOT BE MADE UNTIL ALL DEPOSITS, FEES AND COMPLETED PAPERWORK IS RECEIVED BY THE ASSOCIATION MANAGEMENT OFFICE.

I acknowledge and agree to the following **non-refundable** fees:

1. Events with 20-50 attendees the fee shall be \$250.00 for the club room and \$100 for the sports lounge. For events with fewer than 20 people no fee is required.

Check PAYABLE TO: WaterGarden Condominium Assoc.

2. \$125 fee for cleaning service for the club room and a \$75 fee for cleaning the sports lounge (required for more than 10 people).

Check PAYABLE TO: Cash

3. I understand and acknowledge that Ten (10) valet parking spots will be provided for the event I have scheduled. All other guest parking must be accommodated off property and that I am responsible for making those arrangements. It is also recommended that I advise my guests in my invitations that parking must be off property. **INITIAL _____.**
4. I understand and acknowledge that the room/area is being reserved "as is" and that furniture cannot be moved or rearranged in any manner not specifically agreed to in writing by the association. I further agree that the room will be placed back into exact condition as it was prior to the function.
5. I understand and acknowledge that the garden area has a protective membrane under the landscaping and grass that **must not be penetrated**; therefore, no objects, stakes or supports can be driven or placed into or below the surface of any landscaped area.
6. I acknowledge and understand that I am responsible for the immediate removal of all decorations related to the function immediately after the function has been completed.
7. I understand and acknowledge that no decorations can be taped, nailed, stapled or otherwise affixed to any walls, ceilings, fixtures or other parts of the common room that could, in any way, mar or damage the finish of the item.
8. Only cocktail and finger food are permitted in the sports lounge. Fully catered functions are permitted in the club room and in the garden area.
9. I understand and acknowledge that I must be in attendance during the entire function and that I am responsible for the actions of myself and any guests attending this function. Any costs of repairs for damages to any common property will be deducted from my security deposit. In addition, if damages exceed the amount of the security deposit, I will reimburse the association for any additional costs incurred within seven (7) days of the repair being made.
10. I understand and acknowledge that all fees and deposits must be in the form of two personal checks. (A refundable security deposit in the amount specified above for the facility being reserved made payable to WaterGarden association, and the \$125 or \$75 for cleaning service payable to the vendor). The security deposit will be refunded within fourteen business days of the end of the function, minus the costs for repairs of damages (if any). Furthermore, I agree to pay for any damages that may exceed the deposit and hereby authorize that, if necessary, the fee may be invoiced through my maintenance assessment account.
11. I will include a copy of my guest invitation to this function with my reservation request.

INITIAL: _____

(I HAVE READ AND UNDERSTAND THE ELEVEN CLAUSES ABOVE.)

I have read and agreed to all requirements and stipulations of this agreement and have full knowledge and complete understanding of all contents:

SIGNED BY RESIDENT: _____

DATE: _____

ASSOCIATION REPRESENTATIVES: _____ **DATE:** _____