

Clubhouse Reservation Form

Today's Date: _____ Requested Date of Use: _____

Type of Event/Use: _____

Estimated number of attendees: _____

Start Time: _____ Indicate AM or PM
Finish Time: _____ Indicate AM or PM

Requested Continuous Use Schedule: _____

Cleaning Fees: \$50.00 for parties with 15 or more guests
Deposit: \$250.00 Refundable the Association reserves the right to increase the amount of deposits and /or rental fees based on their discretion. (Refund of deposit contingent on: Rules and Regulations adhered to and community center key returned to VISION Management within 48 hours of the event. Deposit refund will be mailed to the owner within 7-10 business days.)

Person Requesting Facility (must be homeowner in Park Orleans or approved agent for organization):

Print Name Signature

Address Telephone #

Homeowner's Insurance Carrier Name: _____

Insurance Carrier's Phone #: _____ **Policy #** _____

Approved: _____ **Date:** _____

Comments: _____

Person or Organization requesting permission for the use of the Park Orleans Clubhouse must email management at parkorleans@wearevision.com.