Clubhouse Rental Form

Sylvan Heights residents and owners may reserve the upstairs rooms and kitchen at the clubhouse for $100.00. An additional security deposit of $400.00 paid via check or money order is also required at the time of reservation; the damage deposit is refundable if the entire rental condition is met.

Use of the clubhouse is subject to approval by the Sylvan Heights Board of Directors. Rental of the Clubhouse does not include the rights to the pool, spa, or other recreational facilities.

Please complete the contract and submit it along with the rental fee and security deposit. Make both checks out to AUO of Sylvan Heights.

The entire deposit will be returned if the following conditions are met:

- The premises are left in a clean and neat condition following usage (A $70.00 per hour cleaning fee will be deducted for any time spent by maintenance cleaning)
- No offensive or unlawful activities occurred at the event
- The event does not create a disturbance due to loud sound or disruptive behavior. **Be particularly aware that sound will carry if the deck doors are open or guests are on the deck.** If security/law enforcement is called to the event, the entire $400.00 will be forfeited and future Clubhouse privileges will be revoked.

Other rental regulations:

- All Sylvan Heights account balances must be current prior to reserving the Clubhouse
- The maximum capacity for events are 50 people.
- Rental is limited to six hours and shall end by 11:00pm.
- Use of the facilities applies only to the rented rooms. The weight room, locker rooms, spa, pool, and sauna remain available to all residents and guests during normal hours.
- The Clubhouse is a NON-SMOKING facility.
- The owner or resident, host/hostess MUST BE PRESENT in the Clubhouse at all times.

Waiver Required Follows:

- I hereby agree to hold harmless the Association of Unit Owners of Sylvan Heights Condominiums in the event of injury of accident to myself or my guests while utilizing the Clubhouse facility or while present on any part of the Sylvan Heights Condominiums property.

_____ _____ 0 0

Print Name Signature Owner Renter

_____ _____ _____

Unit Number Home Phone Number Work Phone Number

Date of Function_____ Time of Function_____

Number of chairs needed_____ Number of tables needed_____

_____

For Office Use Only:

Amount Paid_____Deposit Amount_____Date Received_____Payment Type_____

Amount of Deposit Refunded_____Date Refunded_____

Charges Against Deposit_____