

# ISLAND VILLAGE CONDOMINIUM ASSOCIATION

## Request for Clubhouse Reservation

Use of the Clubhouse is available on a reserved basis for social functions only for residents at a cost of **\$50.00** per occurrence. The swimming pool CANNOT be reserved. It is not available for commercial, political or non-profit groups. Reservations are to be made by sending this form to the Association Manager accompanied with your **\$50.00** fee (make checks payable to Island Village Condo Association). Along with a **\$200 security deposit** (make check payable to Island Village Condo Association). **Your date is not guaranteed until the Manager/Board President receives the reservation form with the \$50.00 fee and the security deposit of \$200 and confirms that no other parties have been scheduled for that date.**

The room should be thoroughly cleaned by 10:00 A.M. the morning following use. Damage to the premises or any clean up expense will be the responsibility of the person making the reservation.

**All activities in the clubhouse must terminate no later than 10:00 p.m.**

There is **NO SMOKING** permitted in the clubhouse or at the pool.

No furniture may be removed from the room. We have a limited number of stored chairs and tables available for your use. Please let us know in advance if you require these extra tables and chairs from the storage area.

**No loud music or excessive noise is permitted due to the consideration for the neighboring residents.**

**The pool cannot be utilized when renting the Clubhouse.**

All lights must be turned off after social events. Keep doors and windows closed during events. If the A/C is used, the thermostat will automatically return the temperature to stand-by.

**YOUR GUESTS MAY PARK IN THE "VISITOR" SPACES IN ANY OF THE PARKING LOTS OR OFF SITE.**

✂-----

Return bottom portion with the check to the Association Manager

**Keep top portion for reference.**

NAME: \_\_\_\_\_ UNIT #: \_\_\_\_\_

PHONE #: (Day time) \_\_\_\_\_ (Evening) \_\_\_\_\_

DATE OF AFFAIR: \_\_\_\_\_ NUMBER OF GUESTS: \_\_\_\_\_

TYPE OF AFFAIR: \_\_\_\_\_

STARTING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

WILL YOU NEED EXTRA CHAIRS, TABLES? YES: ☐ NO: ☐

WILL THE A/C NEED TO BE TURNED ON? YES: ☐ NO: ☐

**Remember: You are responsible for the actions of your guests.**

\_\_\_\_\_  
**SIGNATURE**  
Application Approved by: \_\_\_\_\_

\_\_\_\_\_  
**DATE**  
(Board Member or Manager)

**Print This Form – Fill Out Form – EMail to**  
**Jackiehammgmt@gmail.com**