



REQUEST FOR COMMUNITY EVENT FORM

Name: _____

Owner: Yes/ No _____ Tower and Unit #: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail: _____

Mailing Address: _____

I am requesting approval for reservation of the _____ Room
for the following function: _____.

The function will take place on (date) _____ between
(am/pm) _____ and _____.

I expect the arrival of _____ cars and I will Contact the Management office
for additional security charge.

Scheduled time & date for walk-thru prior to event: _____ (am/pm),
_____20____.

Scheduled time & date for walk-thru after the event: _____ (am/pm),
_____20____.

I acknowledge, understand, and agree that a security deposit of (Five Hundred Dollars) \$500.00 received by the Bel Mare Management Office with this request for reservation of the facilities is required in order to hold the date for my event for the type of function stated above.

I will conduct a fifteen (15) minute walk-through with a management representative before and after the event to review the condition of the facilities; that includes the room used and the access areas to that room. I understand that certain circumstances, such as damage caused by myself or persons attending or assisting in the event could increase the time of the after event walk-through.

I acknowledge, understand, and agree that disturbing noise levels whether conversation or music will not be allowed, that decorations requiring attachment to walls will not be allowed, including thumb tacks, tape, staples, etc., and that the gathering must conclude at 11:00 P.M. I acknowledge, understand and agree that I am responsible for room cleanliness, including the access areas and for proper disposing of all refuse. I agree that the facility will be cleaned and brought back to the condition prior to my event immediately after conclusion of the event.

I acknowledge, understand and agree that I will abide by the rules and regulations for the use of the room and access areas requested above, for all the above acknowledgements, understandings, and agreements for all rules governing condominium living at Bel Mare Association.

I acknowledge, understand, and agree that my failure to comply with the above acknowledgements, understandings and agreements, and other related condominium rules and regulations will result in the forfeiture of my Five Hundred Dollars (\$500.00) security deposit that I will reimburse the Bel Mare Association for any expenses exceeding the deposit which was caused by my failure to comply.

I acknowledge, understand, and agree that if any damage occurs during this function, the Bel Mare Association will bill me, and I will pay for any repairs of such damage in excess of the Five Hundred Dollar (\$500.00) security deposit.

I acknowledge and understand and agree that I must make arrangements for any vendors such as caterers, musicians, decorators, etc., through the Management Office.

I acknowledge and understand and agree that if access to restricted areas is required after normal Association hours, I will hire, at my own expense, security or other personnel as required by the Association to monitor this access.

I acknowledge and understand and agree that I as an owner/tenant am assuming all risk of injury for self and guest(s). I expressly indemnify the Association from any and all legal action which may be brought against the Association relative to such injury.

I will attach the list of the guests/participants to this request form.

Number of Guests in the party: _____

I have read, acknowledge, understand, and agree with all of the above.

Resident's Signature

Date

Management Representative

Date

.....
Recommended to the Board for Approval:

Manager's Signature

Date

.....

THE ROOM CANNOT BE USED UNTIL THE WALK-THROUGH HAS BEEN PERFORMED BEFORE THE EVENT.

THE DEPOSIT WILL NOT BE RETURNED TO THE OWNER UNTIL INSPECTION HAS BEEN COMPLETED AFTER THE EVENT.