

Island West Application for Use of Meeting Room

Adopted August 1, 2016

RESPONSIBLE PARTY

Name: _____
Address: _____
Home Phone: _____
Work or Cell Phone: _____
E-Mail Address: _____

Date Requesting: _____ *Deposit is required to reserve a date.*

Briefly describe your event: _____

Start Time: _____ End Time: _____ *no later than 11 p.m.*

Decorations? YES NO If YES, please describe: _____

Entertainment? YES NO If YES, please describe: _____

Number of Guests: Adults: _____ Children (under 18): _____

Number of Parking Passes Needed: _____

ONLY THE MEETING ROOM MAY BE USED WITH THIS RESERVATION – THE POOL IS NOT INCLUDED

Agreement and Signature: I understand that the property owner / tenant will be required to clean the meeting room after their event. Clean up **MUST** take place immediately following the function. **ALL TRASH MUST BE REMOVED FROM THE AREA.** Refund of deposit will depend on the result of the inspection of the facility after clean up and that all the corresponding rules are followed.

Anyone attending the function that does not reside in Island West must have a parking pass.

Signature: _____ Date: _____

***** CASH WILL NOT BE ACCEPTED *****

FOR OFFICE USE ONLY

Refundable Deposit: \$150.00

Rec'd on Date _____ By: _____ (initials)

Money Order Check # _____

Rental Fee: \$50.00 Owner / \$150.00 Renter (*Current lease; Expires: _____*)

Rec'd on Date _____ By: _____ (initials)

Money Order Check # _____

Emailed to President on _____ (date) by _____ (initials)

Event approved by the Board? YES NO

Any comments or additional information may be listed on the reverse side of this form.