



RECREATION FACILITY RESERVATION FORM

Private function rental to HOA members and residents is a privilege. Please be considerate of your neighbors and their entitled right to peaceful living while enjoying this privilege.

- 1. Reservations:** must be made in advance with the Office Manager to use the Recreation Room for private parties. Room is reserved on first come basis.
- 2. Clean condition:** Kitchen is to be cleaned; refrigerator must be emptied and wiped out, mop kitchen floor, and return chairs and tables to original order. Trash shall be removed and properly disposed of. A large trash can is available if needed. All table cloths must be returned clean, folded, and stored in cabinets.
- 3. No Signs or decorations** are to be placed on the doors, windows, stairways, walls, railings or pillars for private parties unless approved in advance by the BOD.
- 4. Heating and Air Conditioning** in the recreation room must be arranged with the Office Manager.
- 5. Arrival of guests:** Please station a greeter at the front lobby doors during arrival time. Please allow only recognized guests of your party. Other guests must use the guest call entry system.
- 6. Sound and noise** level including audio and visual electronics if used must be kept at a level not to disturb residents at any time or employees during office hours.
- 7. Resident/Owner must be present** and is responsible for the conduct of their guests.
- 8. Resident/Owner is responsible for any infraction of the rules and regulations by himself and/or his/her guests.**

Name _____ Email _____

Unit # _____ Phone # _____

Date requested _____ From: _____ To: _____

Type of Function _____ # Of Expected Guest _____

Boards on Pool table _____ Extra Chairs Needed _____

Liability Release Statement: I release Xanadu Condominium Association, Inc. from all liability for injuries and damages resulting from my use of the facility. I understand I am financially responsible for damages to the facility resulting from this event.

I agree to restore the facility to clean and undamaged condition upon vacating. I agree to the return of kitchen and or storage room keys immediately. I understand that additional repair or cleaning required will be billed to me and I agree to pay them within 10 days of notification.

Date: _____

Signature: _____

Printed Name: _____

