

Reservation Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

# Florenxia<sup>SM</sup>

AT THE COLONY GOLF & BAY CLUB<sup>SM</sup>

23850 Via Italia Circle • Bonita Springs, FL 34134

## Theatre Reservations

Date: \_\_\_\_\_ Reservation Time: \_\_\_\_\_ to \_\_\_\_\_

Unit# \_\_\_\_\_ Owner Name: \_\_\_\_\_

# of Guests \_\_\_\_\_ Deposit Collected: Y/N \_\_\_\_\_

**I take full responsibility for the theatre and the facilities that I am reserving and for each person that is my guest.**

The theatre is secured by a Fob control. When an Owner wishes to use the theatre:

- Reserve the theatre with the office staff during normal office hours.
- **Sign a reservation form and pick up the remote at the front desk.**
- Owner agrees to take responsibility for locking/securing the theatre after its use.
- The Unit Owner is responsible for leaving the theatre clean. If the theatre is not properly cleaned, the Owner will be charged a cleaning fee at a minimum rate of \$30/hour.
- When you open the theatre for your event, check to make sure the room is clean and orderly. If it is not, please call to notify the manager or privacy officer on duty to report the room condition.
- When you are finished using the theatre, the Owner is responsible for ensuring that the equipment and lights are turned off and the theatre is locked.
- The Association will collect a security deposit in the amount of \$500.00 from any unit owner who has previously been noticed for violating the amenities rules and regulations or amenities policies; and/or if the size of the gathering exceeds 25 persons for a private event.
- **Return the remote to the person on duty at the front desk; if there is no one on duty return the remote the next morning.**

**Please note the remote is inspected after each reservation and use. The remote is fragile and replacement cost is \$1,500.00. Owner acknowledges that the remote was in working condition when received. Owner acknowledges if the remote is not working for any reason when it is returned they are fully responsible for the replacement cost.**

\_\_\_\_\_  
Unit Owner Signature

\_\_\_\_\_  
Date

**Florenxia Use only:**

Remote for Theatre Returned and Inspected: \_\_\_\_\_

Inspection Completed by: \_\_\_\_\_ Time: \_\_\_\_\_ Deposit returned: \_\_\_\_\_