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| RORA Clubhouse Rental Application & Agreement |
| Applicant Information |  |
| Name: | Date: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Event Information |  |  |
| Purpose: |
| Date Desired: | Total # of Guests (30 Max):  |
| Starting Time: (10 AM Earliest) | Ending Time: (7 PM Latest) |
| Employment Information |  |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code. |
| I certify that the information provided on this form is correct and accurate. It is further understood and agreed that a refundable deposit of **$250.00** shall be made in the form of a check or money order. Deposit shall be returned upon satisfactory inspection of the premises by management after the event. Inspection or premises shall take place on the next business day following the event. If any damages are found, the cost of repairs shall be deducted from the deposit. The remainder of the deposit will then be returned after repairs have been completed. Additionally, a non-refundable rental fee of a **$100.00** Money Order is also required. Applicant is responsible for cleaning the clubhouse and returning it to the condition in which it was it was found. Form, Money Order and a full and accurate listing of all attendees shall be provided to the management company at least one (1) week in advance of the event. The management company to provide approval and a full and accurate listing of all attendees to the guards at least 24 hours before the event.It is further understood that the use of the clubhouse is for the date desired above and will be made available between the hours of **10 AM** **till 7 PM** on that date and at no time shall there be in attendance more than 30 persons. Renter is responsible to advise attendees of parking rules and gate entry procedures. Due to limited parking attendees can park in the area adjacent to pool #2 and other non-assigned spaces. Violators will be subject to immediate towing without notice. This agreement does NOT provide for the use of the pool/pool area or any other River Oaks facilities and it is understood that residents have first priority to the use of the pools and other facilities. Each reservation has 4 hours max time of use. No decorations can be attached to the ceiling fans. Music must be kept at reasonable volume. This is a non-smoking facilityI agree to all the conditions of this agreement and have received a copy of this application. |
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| Signature of applicant: | Date: |

River Oaks Recreation Association Inc.

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| RORA Clubhouse Guest List |
| Event Information |  |
| Name: | Date: |
| Event: |
| Date Desired: | Total # of Guests (30 Max): |
| Starting Time: (10 AM Earliest) | Ending Time: (7 PM Latest) |
| Guest List |  |  |  |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: | Child | Adult | (Please circle) |
| Name: | Address: | Child | Adult | (Please circle) |
| Name: | Address: | Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: | Child | Adult | (Please circle) |
| Name: | Address: | Child | Adult | (Please circle) |
| Name: | Address: | Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: | Child  | Adult | (Please circle) |
| Name: | Address: | Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Name: | Address: |  Child | Adult | (Please circle) |
| Signature of applicant: | Date: |

River Oaks Recreation Association Inc.