

EHCA Rec Room Reservation Form

Name: _____	Unit #: _____
Email: _____	
Phone: _____ Check for texts to this phone: _____	
Date Requested: _____ Time: from: _____ am / pm to: _____ am / pm	
<i>Submit requests at least 2 weeks in advance. include time for set-up and clean up</i>	
Type of function: _____	Number of Guests: _____

Non-refundable Fee: \$50 check made out to: **East Horizon Condominium Association, Inc.**

Cleaning/Damage Deposit: \$150 check made out to: **East Horizon Condominium Association, Inc.** Please attach check to this form. (Check will be shredded after a satisfactory inspection.)

Liability Release Statement: I release East Horizon Condominium Association (EHCA) from all liability for injuries and damages resulting from my use of the Rec Room. I understand I am responsible for all guests including their compliance with EHCA Rules and Regulations. I understand I am financially responsible for any damages to the facility resulting from my event.

Cleaning/Damage Deposit: I agree to restore the facility to a clean and undamaged condition before vacating. Cleaning/repair costs will be deducted from the Cleaning/Damage Deposit. Costs exceeding the deposit will be billed to your unit with payment due 10 days post the billing date.

Responsible Party shall turn out the lights and lock the doors for security purposes. The air conditioner must be set to 76°.

Signature: _____	Date: _____
Printed Name: _____	

- * **No signs or balloons allowed displayed on the exterior of the East Horizon property.**
- * **No more than 8 additional vehicles may be parked on the property during the time of the event.**
- * **REC ROOM RESERVATION DOES NOT INCLUDE USE OF POOL OR EXERCISE AREA. Pool gates may not be left open for event.**

Return this form and checks to:

East Horizon Condominium Assoc., Inc.
907 E Strawbridge Ave, Suite 104
Melbourne, FL 32901
E-mail: info-sc@vestapropertyservices.com
Phone: 321-241-4946 Fax: 321-610-1021

Booking will only be **confirmed** upon receipt of completed form (signed and dated), the \$50 room-fee check, the \$150 deposit check and review by EHCA.

===== **FOR OFFICE USE ONLY** =====

Date: _____ Check #s _____

Review by EHCA Secretary: Approved Denied (text/email response authorized)

Reason for denial: Time unavailable _____ Other _____

Release of security deposit by EHCA Maintenance Full Other _____