

_____ / _____
Total persons

_____ / _____
Amount paid / Ck #

CENTRAL PARK II

(Payable to: Central Park II Condo Assn)

PRIVATE PARTY IN CLUBHOUSE

RENTAL (6 HOUR MAXIMUM) PROCEDURE

(Residents (Over 30 days) and Owner use only / Maximum occupancy 75)

*****Monitored by Surveillance System*****

_____ / _____
Authorized by / Title

_____ / _____
Date rented

FEE: (\$50 Non-refundable) (\$300 Security deposit-Refundable)

-Application must be submitted 7 days prior to event

---Payment by Check only---

Limitations

(Kindly note that misuse deemed negligent by the Board or with breach of any limitations listed as follows, the refundable deposit is forfeited and future use of the Clubhouse will be curtailed.)

RENTER AGREES TO :

- * Acknowledge that events must terminate and Clubhouse vacated by 11PM.
- * **AUTHORIZED RESIDENT RENTER MUST BE PRESENT.**
- * **INSIDE USE OF THE CLUBHOUSE AREA ONLY.**
- * **EXCLUDE USE OF POOL, POOL DECK, HOT TUB, GRILL, EXERCISE ROOM, UTILITY ROOM,**
- * **ENSURE NO SMOKING INSIDE THE FACILITY.**
- * **REIMBURSE ASSOCIATION FOR ANY DAMAGE TO FACILITY THAT OCCURRED DURING RENTAL PERIOD.**
- * **ACCEPT RESPONSIBILITY TO LEAVE FACILITY IN CLEAN AND ORDERLY MANNER..**
- * **ACCEPT RESPONSIBILITY TO PAY FOR ANY EXCESSIVE CLEANING COSTS.**
- * **ACCEPT RESPONSIBILITY TO PAY ANY AND ALL COSTS FOR DAMAGES EXCEEDING THE DAMAGE DEPOSIT.**
- * **ACCEPT RESPONSIBILITY FOR ANY ACCIDENTS THAT OCCUR DURING THE USE OF THE FACILITY.**
- * **BE RESPONSIBLE FOR CONDUCT OF THE GROUP. MINORS MUST BE ACCOMPANIED BY PARENT/GUARDIAN.**
- * **RIGHT OF BOARD TO TERMINATE IF CONDUCT IS DEEMED ABUSIVE TO FACILITY OR FURNISHINGS THEREIN.**
- * **INDEMNIFY & AGREETO HOLD ASSN HARMLESS AGAINST ANY AND ALL CLAIMS ARISING FROM THIS AGMT**

My signature below represents my understanding of and agreement to abide by and comply with the terms of this agreement including 1) the CPII damage deposit forfeiture policy; 2) awareness that the event will be monitored by the CPII surveillance system and subject to termination by an official of the CPII Board for improper use.

HOURS RENTED: Doors open _____ Vacate by _____ Ensure :**LIGHTS/ FANS OFF (LEAVE ON HALLWAY LIGHT)**
NAME OF RENTER: _____ 11 pm LOCK ALL DOORS UPON DEPARTURE.

Print: Last name / First / Signature / Unit #

Checklist of areas to be cleaned by Renter

KITCHEN:

- _____ Clean countertops /sink / coffee pot / oven.
- _____ Wipe down handles and cabinet fronts.
- _____ Sweep or mop floor (if soiled).
- _____ Remove all food and beverage items.
- _____ Dispose of all trash and recyclables.
- _____ Unplug coffee pot.

BATHROOMS / CLUBHOUSE:

- _____ Pick up / dispose of trash - / flush toilets / Wipe mirror/ counter-top
- _____ Straighten furniture / Clean floor.

| | | | |
|-------------------------------------|-----|----|-------|
| <u>Clean-up certified</u> | YES | NO | _____ |
| <u>Key returned by renter</u> | YES | NO | _____ |
| <u>Refund authorized for return</u> | YES | NO | _____ |

-Explanation-

_____ / _____
CPII Official / Date

