

Parkside Place Homeowners Association, Inc.

Clubhouse Rental Agreement Form

Name: _____ **Unit #:** _____

Owner: _____ **Renter:** _____

Phone: _____ **Alternate Phone:** _____

Date of Event: _____

Time: _____ **AM / PM** **No. of Attendees:** _____

Attached is a copy of the Clubhouse Rental Policy, Waiver of Liability Form, Pool and Pool Party Rules. Please be sure to read them and the sign the following statement below:

I have read and agree to all terms in the Parkside Place Clubhouse Rental Policy, Waiver of Liability Form and Pool and Pool Party Rules.

Signature

Date

**Upon completion of this form please attached two (2) separate checks made payable to:
Parkside Place HOA Inc.**

- **Check #1 is for the \$100 Non-Refundable Rental Fee**
- **Check #2 is the for the \$150 security and cleaning deposit.**
(If the clubhouse is left in good condition the deposit will be refunded upon inspection by the HOA maintenance team. If third party cleaning is required, the deposit will be retained.

This form and checks can be delivered to:

**Jim Lawson
Unit 1508
321-960-8025**

OR

**Bill Burleigh
Unit 1709
615-476-09123**

NOTE: No dates will be held until this form and payment is received.