

SUMMIT CREEK COMMUNITY CENTER RENTAL AGREEMENT

Reservation Application Form Revised 12/06

NOTICE: Completion of this form is not a confirmation of your reservation(s)

REQUESTED RENTAL DATE							
DAY OF THE WEEK (<i>Circle</i>)	Sun	Mon	Tue	Wed	Thu	Fri	Sat
TIME REQUESTED (<i>Start and Finish</i>)	From:			To:			
DATE RESERVATION REQUEST MADE	Today's Date:						

Name of Homeowner (<i>Last, First, MI</i>)	
Address of Homeowner	
Home Telephone Number	
Work Telephone Number	
Cell Telephone Number (must provide and have on hand at function for emergency purposes)	
E-Mail Address	

IF APPLICANT IS OTHER THAN HOMEOWNER: (<i>must be a resident and have a lease on file at the Summit Creek Office with authorization to use the Summit Creek Community Associations Amenities</i>)	
Name of Applicant	
Home Telephone Number	
Work Telephone Number	
Cell Telephone Number	
E-Mail Address	

Location Requested (lower or upper room)	
Nature of Event	
Age Range of Attendees (<i>chaperones may be necessary</i>)	
Anticipated Attendance	
Proof of Residency (<i>Picture ID or utility bill</i>)	
Signature of Homeowner	
Signature of Applicant (<i>if other than homeowner</i>)	
Signature of Person taking request	
Remarks:	

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

TYPE OF PAYMENT	DATE OF PAYMENT	AMOUNT	RECEIVED BY (signature)
Paid Deposit	_____	\$ _____	_____
Paid Key Deposit	_____	\$ _____	_____
Paid Rental	_____	\$ _____	_____
	_____	_____	_____

****** COMMUNITY CENTER RENTAL**

I have read and understand the "COMMUNITY CENTER" Rules and Regulations.

Signature of Applicant: _____

Date: _____