Garden View Estates Homeowners Association, Inc.
Community Center Reservation Form

Date: _____

Unit Owner/Resident Name: _____

Address: _____

Telephone Number: _____

Date of Reservation: _____

Type of Activity: _____

Time of Activity: From _____ To: _____

Additional Comments: _____

_____

_____

_____

By signing this "Reservation Form", I, the undersigned, acknowledge that I have reviewed and understand the Garden View Estates Homeowners Association, Inc. Community Center Rules and Regulations and agree to comply with all the provisions therein.

I further agree that I will reimburse the Garden View Estates Homeowners Association, Inc. for all losses and damages that exceed the required security deposit.

_____ _____

Unit Owner/ Resident Signature Date

_____ _____

Social Committee Coordinator Signature Date

$125.00 Reservation/Inspection Fee Check No. _____