

MULTI-PURPOSE ROOM RESERVATION REQUEST FORM

(Submit thirty days prior to requested reservation date.)

Date: _____
Requestor Name: _____
Street Address: _____
City/State/Zip: _____

TO: Association of Edgewater Landing Owners, Inc.
Attention: Corresponding Secretary
601 Homeport Terrace
Edgewater, FL 32141

Request you reserve the Multi-Purpose Room on (date) _____ from (time) _____
to (time) _____ for (state purpose and approximate number of guests) _____

Enclosed is my deposit of two hundred dollars (\$200). I understand that fifty dollars (\$50) will be retained as an administration fee and one hundred fifty dollars (\$150) will be refunded unless there is damage or cleanup is required.

I have read and understand the conditions and policy for private use of the Multi-Purpose Room.

Resident Signature: _____

Approval

To (requestor name): _____

The above request for use of the Multi-Purpose Room and restrooms has been approved and receipt of your two hundred dollar (\$200) deposit is acknowledged.

Member Board of Directors: _____

Member Board of Directors: _____

Rejection

To (requestor name): _____

The above request for use of the Multi-Purpose Room has been rejected for the following reason(s): _____

Member Board of Directors: _____