

**HAMILTON COVE HOMEOWNERS ASSOCIATION
PRIVATE PARTY/FACILITIES USE REQUEST FORM**

NAME OF OWNER/LONG TERM RENTER HOST _____

BUILDING ____ UNIT _____ PREFERRED PHONE NO _____

EMAIL ADDRESS _____

DATE OF PROPOSED EVENT _____ FROM _____ TO _____
(Event may not exceed four hours, eight hours In the case of the Conference Room)

GUESTS MAY NOT BE CHARGED FEES. TICKETS MAY NOT BE SOLD.

FACILITY OR AREA TO BE USED:

CLUBHOUSE _____ CLUBHOUSE PATIO _____ CONFERENCE ROOM _____

CROQUET COURT _____ TENNIS COURTS _____ PUTTING COURSE _____

(The Clubhouse and Conference Room are the ONLY exclusive use facilities. Use of all other facilities Is non-exclusive.)

CATERER NAME, IF ANY _____

CATERER PHONE NO _____

IF LIQUOR IS TO BE SERVED BY CATERER, INDICATE CATERER'S INSURANCE

COMPANY AND AGENT _____

TABLES/CHAIRS AND EQUIPMENT, IF ANY, TO BE USED _____

(Tables and/or chairs and other equipment are the responsibility of the Host. A limited number of tables and chairs are available from the Association. No association tables or chairs may be moved from one location to another except by the Association's Staff. A \$50.00 fee will be charged against your deposit if the Association has to relocate tables and/or chairs. If the staff Is asked to set-up and put away tables and chairs for an event, there will be a \$50 fee.)

SPECIAL NOTES _____

REFUNDABLE DEPOSIT \$250 DEPOSIT MUST BE MADE IF EVENT IS APPROVED AND PRIOR TO THE EVENT.

(The Host is responsible for cleaning up. If, in the sole discretion of the Association, cleanup is inadequate, the Host will be billed the cost of cleaning.).

HOST MUST BE PRESENT AT ALL TIMES DURING THE EVENT.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE OR SHE HAS READ THE PRIVATE PARTY AND FACILITIES USE RULES AND REGULATIONS AND ACCEPTS RESPONSIBILITY FOR FULL COMPLIANCE THEREWITH. THE UNDERSIGNED AGREES THAT HE OR SHE IS RESPONSIBLE FOR THE CONDUCT OF ANY PERSON WHO COMES ON TO THE HAMILTON COVE PROPERTY FOR THE EVENT.

DATED _____

SIGNED _____

OWNER/LONG TERM RENTER SIGNATURE

APPROVED BY _____

DATED _____

EMAIL TO: hamiltoncoveassoc@sbcglobal.net OR MAIL TO: HCHOA, P.O. Box 1573, AVALON, CA 90704 OR FAX TO: (310) 510-9532