

RESERVATION APPLICATION
Pool-Area-Facilities

Owner's Name: _____

Owner's Address: _____

Owner's Phone No.: _____ E-mail Address: _____

Event Date: _____ Hours Requested: _____ to _____

Number of Adult Guests _____ Number of Guests under 18 _____

Event purpose _____

By signing below I acknowledge the above rules and verify that I, and all members of my party, will abide by these guidelines, as well as any other posted pool rules. Failure to comply with these rules could result in termination of my household's right to host pool parties as well as temporary or permanent suspension of my pool access privileges.

Palm Colony Owner Signature: _____

Date: _____

----- **For Office Use Only** -----

Approved by: _____ Date: _____

Check List

Clean Up of Area: Yes ___ No ___ Comment _____

Removal of Trash: Yes ___ No ___ Comment _____

Returned all Furnishings: Yes ___ No ___ Comment _____

Comments:

