

**MONTCLAIR PROPERTY OWNERS ASSOCIATION
RECREATION AREA RESERVATION FOR PRIVATE FUNCTIONS**

NO ALCOHOLIC BEVERAGES ALLOWED

CHECK ONE

DOLPHIN BEACH (60 ATTENDEES)

WEST BEACH (40 ATTENDEES)

BEAVER LANDING (25 ATTENDEES)

NAME OF PROPERTY OWNER/RENTER _____

PROPERTY ADDRESS IN MONTCLAIR _____ PHONE # _____

DATE OF PARTY: _____ TIME (check one): 10:00 A.M. - 2:00 P.M. 3:00 P.M. - 7:00 P.M.

A copy of the declaration page of the homeowners/renters insurance policy must be attached to this form.

TYPE OF PARTY: _____ NO OF GUESTS: _____

As a sponsor for this private function, I will remain in attendance for the duration of the function and ensure that all trash and debris are disposed. I understand that I will be financially responsible for any damage or clean-up resulting from this private function.

SPONSOR'S SIGNATURE: _____ DATE: _____

**ADDENDUM TO
MONTCLAIR PROPERTY OWNERS ASSOCIATION
RECREATION AREA RESERVATION FOR PRIVATE FUNCTIONS**

We/I are sponsors of a private function to be held at a recreation area owned by the Montclair Property Owners Association ("MPOA").

We/I agree that I/we is/are responsible for adherence to the Amended Declaration for Montclair and Bylaws, including all amendments and supplementations thereto, and the MPOA Community Guidelines for use of MPOA recreational facilities.

We/I hereby indemnify and agree to hold harmless the Montclair Property Owners Association, Inc., its Board of Directors, officers, employees, members and/or agents, from any and all injuries, damages, causes of action, claims or obligations, consequential and/or incidental damages and/or costs (including attorney's fees) of defense arising out of or related to any physical injuries (including loss of life) and/or personal property in or about the recreational facilities and surrounding property owned by MPOA, from any action or omission of the sponsor(s), his/her/their family members, agents, employees, invitees, or licensees, or from any cause whatsoever.

Signature of Sponsor: _____ Date: _____

Print Name: _____

Signature of Sponsor: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY			
ADMINISTRATION _____	Community Services _____	ACCOUNTING _____	
_____ APPROVED	_____ DISAPPROVED	BY: _____	DATE: _____