

RESERVATION REQUEST/ACKNOWLEDGMENT OF RESPONSIBILITY FORM
FOR USE OF MPOA CONFERENCE ROOM

Use of the Association's facility is restricted to *property owners in good standing*. Under no circumstance may the facility be reserved by or rented to a non-property owner (tenant).

REQUESTING PROPERTY OWNER _____

ADDRESS _____

PHONE (home) _____ (work) _____

ORGANIZATION NAME _____

Circle One Clubs/Organization Property Owners Business Use

PURPOSE OF COMMUNITY ROOM USE _____

NUMBER OF PEOPLE ATTENDING (MAXIMUM - 60) _____

REQUESTED DATE OF USE _____ MUSIC: YES ___ NO ___

REQUESTED EVENT TIME - FROM _____ TO _____

ACCEPTED BY MPOA STAFF REPRESENTATIVE _____

DATE: _____

REQUIREMENTS

Security Deposit	\$100.00	Yes ___ No ___
Business Use Fee	\$200.00 Per Event	Yes ___ No ___
Non-Profit Organization Letter	On File	Yes ___ No ___
Proof of Insurance	Copy Submitted	Yes ___ No ___

I the undersigned individual, group or organization of MPOA certify in writing and under penalty of law, that the proposed gathering or meeting is not for the purposes as prohibited.

I further understand that this reservation is subject to cancellation/modification by the MPOA General Manager in accordance with Article 4 of the Community Guidelines governing the MPOA room use. I further agree to participate in an opening and closing inspection with a staff member of the areas to be used and will abide by all rules and regulations stated in Article 4, Section 4.9 of the Community Guidelines. I understand that any damage to the facility during a private function is strictly the responsibility of the property owner. Any failure to meet these responsibilities may result in the loss of my security deposit in whole or part, and the applicant may be responsible for any consequential damages as a result of the mishap.

PROPERTY OWNER'S SIGNATURE

DATE

APPROVED: MPOA GENERAL MANAGER

DATE

Accounting _____ Security _____ Admin _____