

Shadow Bend Clubhouse Rental Form

Name of Clubhouse Renter: _____

Address of Clubhouse Renter: _____

Home/Cell Phone Number: _____ E-Mail: _____

Purpose of Clubhouse Rental: _____

Number of Persons Attending: _____ Date Reserved: _____

\$50 Rental Fee Received: _____ Time/Date: _____ ShadowBend initial: _____ Renter initial: _____

\$100 Security Deposit Received: _____ Time/Date: _____ ShadowBend initial: _____ Renter initial: _____

\$100 Security Deposit Returned : _____ Time/Date: _____ ShadowBend initial: _____ Renter initial: _____

I/We accepts responsibility for any damages and/or liabilities incurred by serving alcohol.

Signature: _____ Name printed: _____

If the Clubhouse Renter is not an owner at Shadow Bend, the following authorization must be executed by the owner.

I/We the undersigned hereby authorize our tenant to use the Clubhouse. We understand that we are ultimately responsible for any damage that may be caused to the Clubhouse by our tenant and/or their guests. I/We accepts responsibility for any damages and/or liabilities incurred by serving alcohol.

Unit Owner's Signature: _____

Unit Owner's Name printed: _____

Owner's off-Site Address: _____

Unit Owner's Home/Cell Phone Number: _____

Unit Owner's e-mail address: _____