CLUBHOUSE RESERVATON FORM	
Name:	Address:
Home Phone:	Cell Phone:
Date Requested:	Start Time:AM/PM End Time:AM/PM Please include any set up and break down time.
Number of Guests:	Number of Cars:
names to the guardhouse  2) The pool itself is for the use of all resid  3) Parking may be a problem since there is they may have to park at your home as  4) The reservation form must be received to the scheduled event to allow time to  5) Clubhouse hours are 9 AM to 10 PM an  6) Parking is available for handicap only we clean to the scheduled event to allow time to  7) Clubhouse hours are 9 AM to 10 PM and  8) Parking is available for handicap only we clean to the scheduled event to allow time to  9) Cleaning Fee/Repair Deposit: \$250.00 damage separate check for \$100 representing the rental adamage deposit will be refunded after a satisfact clean additional costs exceeding the deposit will be be clean to the problem. I understand that any additional clean additional costs exceeding the deposit will be be clean.  Liability Release Statement: By signing below.	by Sea Breeze management, a minimum of one week prior obtain Board approval.  Indeed, the maximum occupancy is 40 people.  With one space for a shuttle car  Indeed, the deposit check made payable to Cypress Island POA and a land cleaning fee made payable to Cypress Island POA. The
any damages to the facility resulting from my ev	
Date:	Signature
Please Print Name	Email:
4227 N	eze CMS, Inc. Jorthlake Blvd. Beach Gardens, FL 33469

APPROVED ( ) DENIED ( )
BOARD OF DIRECTORS: \_\_\_\_\_DATE:\_\_\_\_\_