

**CYPRESS ISLAND POA CLUBHOUSE**  
**RESERVATION FORM**

Name:	Address:
Email Address:	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:

**Notes:**

- 1) Owners will need to make arrangements for entry into community for their guests. Please provide names to the guardhouse
- 2) The pool itself is for the use of all residents so it cannot be reserved for private parties.
- 3) Parking may be a problem since there is only handicapped parking. Please advise your guests they may have to park at your home as there are no spots in guest parking.
- 4) The Reservation Form must be received by Sea Breeze management, a minimum of one week prior to the scheduled event to allow time to obtain Board approval.
- 5) Clubhouse hours are 9 AM to 10 PM and the maximum occupancy is 40 people.
- 6) Parking is available for handicap only with one space for a shuttle car

**Cleaning Fee/Repair Deposit Owners:** \$250.00 damage deposit check made payable to Cypress Island POA and a separate check for \$100 representing the rental and cleaning fee made payable to Cypress Island POA. The damage deposit will be refunded after a satisfactory inspection.

**Cleaning Fee/Repair Deposit Boat Slip Renters:** \$500.00 damage deposit check made payable to Cypress Island POA and a separate check for \$300 representing the rental and cleaning fee made payable to Cypress Island POA. The damage deposit will be refunded after a satisfactory inspection.

**Cleaning Fee /Repair Deposit:** I agree to restore the facility to a clean and undamaged condition upon vacating. I understand that any additional cleaning or repairs will be deducted from my deposit and any additional costs exceeding the deposit will be billed to me and I agree to pay them within 10 days.

**Liability Release Statement:** By signing below I release Cypress Island POA from all liability for injuries and/or damages resulting from my use of the clubhouse. I understand that I am financially responsible for any damages to the facility resulting from my event.

Date:	Signature
Please Print Name	Email:

Return Completed Form and Check to: Sea Breeze CMS, Inc.  
4227 Northlake Blvd.  
Palm Beach Gardens, FL 33410

APPROVED ( ) DENIED ( )

BOARD OF DIRECTORS: \_\_\_\_\_ DATE: \_\_\_\_\_