

ACTIVITY ROOM RESERVATION FORM

Bldg _____ **Event Date** _____

Event Frequency: ONETIME WEEKLY MONTHLY OTHER: _____

Type of Event _____

Event Start Time _____ **Event End Time** _____
Must include set up time Must include tear down and clean up

Resident Name _____

Resident Apartment # _____ **Telephone #** _____

Email _____

RESERVATION AGREEMENT

Resident must complete a reservation form with a **minimum of one (1) week before event date**. **Maximum capacity is 30 persons** - regardless of age. **Resident will be held responsible for activity room, restroom and must be present during the usage.**

Hours of Usage are from 8:00 am – 10:00 pm, this includes set up / clean up time! You can utilize the refrigerator/freezer for events only and it is **not intended for personal use**. The gathering must be contained in the **Lower Level Activity Room ONLY** and not in hallways or any other place in the building. **Absolutely NO alcohol can be served or brought in, no candle burning and no smoking/vaping, etc.!** Do not hang anything on walls; do not remove anything from the walls, surveillance cameras cannot be covered (where applicable), children should not be left to wander through the building and absolutely **NO confetti of any kind!**

Parking is limited and your guests should be informed that they can **only utilize un-covered parking**. Violators can/may be towed at the owner's expense without tagging. Vehicles that are also parked in fire lanes can/may be towed at the owner's expense without tagging.

The activity room, hallway, bathroom and kitchen area **must be thoroughly cleaned and put back to the original set up/condition after the gathering**. **Trash from event and restrooms must be removed and taken to the dumpster immediately after event.**

There will be a minimum \$ 100.00 (one-hundred dollars) cleaning fee if the activity room/kitchen/bathroom is not restored to original condition!

**SHELBY PARK MANOR HOLDS NO RESPOSIBILITY FOR
ANY INJURY OR LOSS DURING YOUR USE OF THE ACTIVITY ROOM**

Management exercises its right to prohibit a resident from further requests to use the activity room for any violations of the above mentioned but not limited to these rules.

Resident Signature

Date

Management Signature

Date

OFFICE USE

Calendar: update calendar to reflect the reservation

Label as following EXAMPLE:

If it is a building wide event: Bldg 10 Christmas Party OPEN – Smith 1234

If it is a private event: Bldg 10 Christmas Party PRIVATE – Smith 1234

In notes section include the following:

Set MMDDYY initials

Resident Name(s), telephone number and apartment number

Scan Req Form: rename file Bldg # YYMMDD last name apt #

Example: 10 240108 Smith 1234

Save file on server under activity room and current year

Calendar Attachment: Attach a copy of the scanned file to the calendar

Update Computer Calendar: include email address if provided and color code Grey

If No email; Make copy of **Req Form** for resident's record

File Request Form: in the Reservations Request file for current year

Initial completed by _____ Date