

## ENCLAVE CLUBHOUSE RESERVATION FORM

Aria Real Estate Group \* 221 48th Ave NW \* Norman, OK 73072 \* (405) 701-8881

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### RESERVATION INFORMATION:

Date of Event: \_\_\_\_\_ Anticipated # of Guests: \_\_\_\_\_ (Not to exceed 140 people)

Specific Purpose of Use: \_\_\_\_\_

Is the event to be catered by an outside company? Yes \_\_\_ No \_\_\_  
If Yes, name of company \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ (including clean up time)

Resident Cleaning: \_\_\_ Yes \_\_\_ No Cleaning Company: \_\_\_ Yes \_\_\_ No

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I understand that I am responsible for meeting the conditions stated in the Clubhouse rules and Condition Check List as part of my entitlement in using the Enclave Clubhouse. I understand that I must be in attendance for the entire time of function. In the event that anything is damaged, I understand that I will forfeit my Security Deposit Fee. I am aware, also, that I am assuming responsibility for any and all accidents or claims that may arise as a result of any accident or for any reason in connection with the function of lease of the Clubhouse. I agree to the hold harmless clause in the Rental Agreement.

Signature of Resident: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Office Use Only:**

Rental Deposit/Fee Received: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Alcohol Deposit Received: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Accepted By: \_\_\_\_\_