

The Landings at River Oaks

**Homeowners' Association
Edgewater, Maryland**

CLUBHOUSE RESERVATION/SPECIAL EVENT REQUEST FORM

Instructions: Please contact the Management Company prior to submitting this form, to determine if date of event is available. Dates will be not confirmed until the "Reservation Request Form" and the Security Deposit (if applicable) has been received by the Management Company, both of which must be received **no less than 15 days prior to the requested date**. Completion of these requirements does not constitute an approved reservation. The person making the request will be notified of the approval/disapproval, by email, within five business days of the receipt of request by the Management Company.

Requesting the use of:

___ Pool only (Life guard needed*) ___ Clubhouse only (Deposit needed) ___ Pool/Clubhouse (Deposit/Life guard needed*)
***Life guard needed depends on the #of children attending at the pool * Club house closes at 8pm. * No DJ's permitted**

Date of Request: _____

Name of Member/Renter: _____

Address of Member/Renter: _____

Phone #: (_____) _____

Email Address: _____
Print clearly, email used for confirmation of request

Date of Event: _____ Time: from _____ to _____
(Note: you are responsible to pay additional fees to lifeguard if requesting time after pool closes. Anchor Aquatics 410-956-0744)

Purpose/Type of Event: _____

Number of Guests Expected: _____ (Fire regulations require that you provide a specific number)

Age range of expected guests (required for swimming pool use): _____

Swimming qualifications of expected guests (required for swimming pool use): _____

Will Event be catered: **YES** **NO** **N/A**
If yes, enter name and contact information of caterer: _____

Will entertainment be provided (band or DJ): **YES** **NO** **N/A**
If yes, enter name and contact information of for band or DJ: _____

I have read and agree to abide by the rules and regulations set forth here and in The Landings at River Oaks Association, Inc. covenants in regards to the use of the clubhouse facilities. I understand that failure to abide by such may result in the loss of my security deposit. I assume all responsibility and will save, indemnify and hold The Landings at River Oaks Association, Inc. harmless from any and all liabilities to include all cost and including attorney fee.

Signature of Member/Renter

Date

*(Please make check payable to The Landings at River Oaks HOA for \$200.00 security deposit)
Please circle your preference: Shred or Mail back deposit check if not needed*

For Management Purposes ONLY

Rec'd Application/Deposit _____ Anchor Aquatics Notified _____ HOA Account Current _____ Emailed Confirmation _____

PROCOM

Professional Community Management, Inc.
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