

SEAGATE VILLAGE COMMUNITY ASSOCIATION
ORGANIZED EVENT APPLICATION

Common Area(s) Requested for Reservation:

Greenspace
Pool

Date Requested: _____

Day of the Week: _____

Start Time: _____ End Time: _____

Type of Event: _____

Number of Guests: _____

Resident's Name: _____

Resident's Phone: _____

I HAVE READ THE ASSOCIATION RULES AND REGULATIONS AND AGREE TO ABIDE BY THEM AND PAY FOR ANY DAMAGE, FEES OR FINES LEVIED FOR VIOLATIONS OF THE ASSOCIATION'S GOVERNING DOCUMENTS.

Resident's Signature: _____

Date: _____

Board of Director Signature: _____

Date: _____