

# WAL Party Room Rental Request Form

**I. Party Room Requested (please check box below). *Person limits are subject to change – please check with management before submitting request.***

Bldg ONE (70-person limit)

Bldg THREE (70-person limit)

Bldg TWO (50-person limit)

Bldg FOUR (75-person limit)

## **II. Costs**

a. Rental Fee: \$125.00

b. Refundable Deposit: \$150.00

c. All monies are due at the time your request is turned into the Activities Office.

## **III. Resident Information**

Name \_\_\_\_\_ Bldg/Unit \_\_\_\_\_

Phone # (H) \_\_\_\_\_ Telephone (C) \_\_\_\_\_

## **IV. Party Reservation Details**

Day and Date of Party: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

## **V. Guests**

a. Number of guests attending: \_\_\_\_\_

## **VI. Guests List**

a. Your guest list must be turned into the Activities Office and the Front Gate Staff by the time you check in to the rental.

**VII. Furnishing Provided. *The number of furnishings provided is subject to change – please check with management before submitting request.***

a. 32 chairs

b. 4 – 6' Tables

## **VIII. Additional Furnishing (if permitted)**

a. # of Tables \_\_\_\_\_ @ \$5.00 = \_\_\_\_\_

b. First 16 chairs \_\_\_\_\_ @ \$5.00 = \_\_\_\_\_

c. Chairs in sets of 8 (after first 16) \_\_\_\_\_ @ \$2.50 = \_\_\_\_\_

d. Total Cost \_\_\_\_\_ = \_\_\_\_\_

**IX. Certification**

- a. I plan to use the party room for the purpose of private entertaining and not for commercial purposes on the above stated date. Upon acceptance of the party room key FOB, I agree (i) to abide by all rules and regulations regarding such use; (ii) to ensure that no alcoholic beverages are consumed by, or in possession of, persons under the age fixed by the laws of the State of Virginia; (iii) to comply with all other conditions established in writing by the Association, including the COVID-19 Addendum to this Rental Request Form; and that (iv) I will bear full responsibility for the conduct and actions of my guests. I further understand that reimbursement for any and all damages or unusual cleanup expenses may be deducted from my deposit. If the deposit is inadequate for any reason, then I will reimburse the Association for the balance due.

**X. Deposit**

- a. I acknowledge that all or a portion of the security deposit may be retained by the Association if a violation of Administrative Resolution No. 6 or any other Association rule or regulation occurs. I understand that if the Association retains a portion of the deposit for a rule violation that I am entitled to a hearing before the Board of Directors and to be represented by counsel at any such hearing. If no damages occur and/or no violation occurs, the security deposit can be picked up from the Activities Office during its regular hours.

**Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

<p>Residency Verified _____ (Date) (Intl)</p> <p>All Fees Current _____ (Date) (Intl)</p> <p>Manager Approval _____ (Date) (Intl)</p> <p>Notify of Denial _____ (Date) (Intl)</p> <p>Post On Calendar _____ (Date) (Intl)</p> <p>Copies to Ptrl Svcs _____ (Date) (Intl)</p> <p>List to Ptrl Svcs _____</p>	<p style="text-align: right;">(Date) (Intl)</p> <p>Deposit Collected _____ (Date) (Intl)</p> <p>Rental Fee Collected _____ (Date) (Intl)</p> <p>Add'l Eqip Charge _____ (Date) (Intl)</p> <p>Ptrl Svcs Charge _____ (Date) (Intl)</p> <p>Refund Check Amount _____</p> <p>Refund Check _____ (Date) (Intl) (Chk #)</p>
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# Party Room Rule Highlights

1. I cannot reserve the Party Room for anyone that is not an occupant in my unit.
2. I am reserving the Party Room for private entertaining only.
3. I will be present at all times while the function takes place.
4. I will provide a guest list **no later than check-in** for my rental to the Activities Office/Front Gate.
5. I understand that parties must end by 2am of the following morning. I understand that I will be responsible for removing all trash, cleaning the party room and notifying Patrol Services to check out of the room prior to the time required.
6. My guests will be restricted to the Party Room only.
7. I understand any damage/losses incurred are at my expense.
8. I understand that I will need to pick up my deposit from the Activities Office.
9. I understand that a Party Room walk through will take place prior to the issuance of the Party Room keys and at the end of the party.
10. I have received a copy of I-C-35 “Party Room Rules and Regulations” and agree to abide by them.

**Resident Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Bldg/Unit** \_\_\_\_\_

#185503.2