



FACILITY RESERVATION REQUEST FORM

Resident's Name: _____

Address & Unit # _____

I wish to reserve the following facilities:

Tower I

Conference Room (8)

Tower II

Meeting Room (7)

Media Room (5)

Please Note: *Guests must be kept inside reserved room at all times. No pool deck or pool usage permitted.

*Facility Reservation Date: _____ Start Time: _____ End Time: _____

Number of Guests: Adults _____ Children _____

RESERVATIONS ARE NOT CONSIDERED CONFIRMED UNTIL YOU RECEIVE AN EMAIL FROM MANAGEMENT.

The undersigned agrees to indemnify, defend and hold West Ocean Association and its officers and agents harmless and free from any liability of any nature, including but not limited to liability for damage or injury to any persons or property, cost of attorney fees arising out of, or in connection with, the use of West Ocean's facilities regardless of whether the use was actively or passively negligent, either sole or contributory in connection with such liability. I certify that we have received and read the rules regarding the use of the Facilities and will abide by them. Also, I agree to pay for any long distance charges incurred during the reservation period.

Resident's Signature

Date

STAFF USE ONLY

Date/Time Received _____ *Staff Name* _____

Confirmation E-mail Sent: _____ *Added to Calendar:* _____

For Same Day Reservation Requests

- 1) Verify there are no other conflicting Reservations on the calendar
- 2) Use the sign holder to display a "Reserved" sign near the doors to the room
- 3) Send confirmation email to Resident and notate the Front Desk Log