

ARBORETUM COMMUNITY ASSOCIATION, INC.
122 Flowering Bridge Path Caswell Beach, NC 28465
Reservation Request for:
Clubhouse, Pool, Tennis Courts, Grounds

Date Submitted: _____

Purpose of: _____

Number of Attendees: _____

Name: _____

Address: _____

Telephone: _____

Date of Reservation: _____ Start Time: _____ End: _____ **DOOR UNLOCKED:** _____

Facility: _____ Clubhouse _____ Pool _____ Tennis Courts _____ Grounds

FEES:

1. **NONE if a) 50% of the attendees are ACA Members/Residents.**
2. **\$ 50.00 a) 6 hours or less if 50% of attendees are not ACA Members/Residents.**
3. **\$100.00 b) 12 hours or less if 50% attendees are not ACA Members/Residents.**
4. **c) The pool may be reserved for 3 hrs. by ACA Members/Residents.**

I, the undersigned, agree to abide by the published rules for the use of the Arboretum Clubhouse and facilities. In consideration of being allowed to use the Clubhouse and/or related facilities of the Arboretum Community Association (ACA) located at 122 Flowering Bridge Path, Caswell Beach, North Carolina, I the undersigned, hereby agree to hold harmless the ACA from any and all claims made against the ACA and its Members/Residents by or on behalf of any party I may invite or allow to use the said clubhouse at any time. I further agree to pay the ACA for any damages to the Clubhouse and related facilities that arise from or resulted from said usage.

It is agreed that the undersigned shall be solely responsible for the conduct of the guests, for any damages to the clubhouse and related facilities, and for any injuries to any third party.

It is agreed that the undersigned accepts the use of the Clubhouse and related facilities in its present state and condition. The ACA does not make any warranty as to the condition of the Clubhouse and related facilities. The Clubhouse must be cleaned when party is over, the trash should be put in trash bin and recyclables in bin on the South side of the building. If tables & chairs are used, chairs must be return to pool room, tables folded and stacked in back hallway. If this is not done, there will be a charge of \$75.00 extra.

Checks to be made payable to: Arboretum Community Association – No Refund for Cancellations

Print name of hosting ACA Member/Resident: _____ Signature: _____

Submit completed this form and required fees to: Bo Plant 305 Wisteria Way, 278-1290

ACA Club Reservation Manager's Approval Signature: _____ Date: _____