

## SHADOW RUN COMMUNITY CABANA RESERVATION FORM

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Event and Time \_\_\_\_\_

CLEANUP OF THE CABANA AND ANY AREAS USED SHOULD BE COMPLETED BY NO LATER THAN 2PM ON THE DATE FOLLOWING THE EVENT (A Board Member will inspect the Cabana to see that the deposit can be refunded)

Estimated number of Guests \_\_\_\_\_

A DEPOSIT / USAGE FEE IS REQUIRED IN THE AMOUNT OF \$50

I UNDERSTAND ALL THE RULES AND REGULATIONS FOR PRIVATE USE OF THE CABANA, AND I UNDERSTAND AND AGREE THAT I AM RESPONSIBLE FOR ENSURING ALL RULES ARE ADHERED TO AT ALL TIMES. I UNDERSTAND THAT ALL OR PART OF MY DEPOSIT MAY BE WITHHELD FOR ANY DAMAGES. A DAMAGE INSPECTION MUST BE COMPLETED BOTH PRIOR TO AND AFTER THE EVENT BY A BOARD MEMBER

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

Date \_\_\_\_\_

Approved by Board Member

Signature \_\_\_\_\_

Date Deposit received \_\_\_\_\_

Check # \_\_\_\_\_ CHECK MADE OUT to Shadow Run Community Association

AMERITECH COMMUNITY MANAGEMENT INC 24701 U S HWY 19 #102  
CLEARWATER, FL 33763 – SHADOW RUN CABANA