



RESIDENT FUNCTION RESERVATION FORM

(We request that only one person from your committee/group schedule space to avoid confusion.)

Location Requested:

- | | |
|--|--|
| <input type="checkbox"/> Ballroom | * Proposed Date of Event: _____ |
| <input type="checkbox"/> ½ Ballroom | * Day of Week: _____ |
| <input type="checkbox"/> Card Room A | * Time: From: _____ To: _____ |
| <input type="checkbox"/> Card Room B | * Number of People in Attendance: _____ |
| <input type="checkbox"/> Card Room C | * Name of Responsible Member: _____ |
| <input type="checkbox"/> Activities Room A | * Phone Number: _____ |
| <input type="checkbox"/> Activities Room B | * Type of Function: _____ |
| <input type="checkbox"/> Gazebo | * Set-up and Clean-Up Arrangements: |
| <input type="checkbox"/> Verandah | * <input type="checkbox"/> I will be responsible for my own set-up and clean-up. |
| <input type="checkbox"/> Lobby | * <input type="checkbox"/> I will pay HGRD \$50.00 to set-up and clean-up. |

WILL THERE BE ANY FEES CHARGED FOR THIS ACTIVITY, CLASS OR GATHERING? ___ Yes ___ No Amount \$ _____

TERMS OF USE: The Responsible Member is responsible for charges, indebtedness and damages.

No alcoholic beverages of any type may be brought onto HGRD property unless the beverages are purchased from the HGRD. Alcoholic beverages are not to be consumed in the card rooms, activities rooms, and the lobby.

Food and other non-alcoholic beverages must be purchased from the HGRD, except for functions reserved at the Gazebo, where residents may bring their own food, but not alcoholic beverages. Plans for food and beverage must be ordered through the office of the Food and Beverage Manager.

The Responsible Member, by signing below, confirms that he/she does not receive any financial gain by participating in the above referenced activity and that non-residents do not participate in this activity. (NOTE: Social memberships are available for purchase by non-residents).

The Responsible Member will be required to honor all times and places as assigned. Failure to do so could result in the non-usage of the facilities by that particular group.

Member Signature: (Not Required if sent from the email address on file for this resident in the HGRD Office.)

"Save As" your document, then send an email and attach the completed saved document.

Date: _____

You MUST attached YOUR saved document. The automatically generated attachment you see in the email is BLANK.

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____
Director of Activities

APPROVED BY: _____ DATE: _____
General Manager

Entered in Event Pro by _____ (initials).