**Wentworth Place, A Condominium**

**Unit Owners' Association**

**COMMUNITY ROOM RESERVATION FORM AGREEMENT**

Name of Unit Resident Hosting Event: Unit No ………..

Unit Resident's Contacts: Home: Work:

Cell: Email (please print):

Proposed Date Requested:

Proposed Time Period for Event - From: To:

Brief description of Event: No. of guests:

Unit Owner's contact information (if different from above):

Name:

Email address: ……………………………………………………………………………  /Tel. No.: …………………..

By signing this agreement, the Unit Resident agrees to be bound by all provisions of the attached Community Room Resolution/Rules and Regulations with respect to use of Common Element Community Room Facilities.

The Unit Resident hosting the event shall defend, hold harmless and indemnify the Association from any and all liabilities and claims that may arise from the use of the Community Room, including the payment of all attorney fees and costs that the Association may incur if forced to defend itself against a claim arising from the Unit Resident's use of the Community Room.

The Association is not a bailee for any personal property that may be brought into or otherwise stored in the Community Room and shall not be responsible for any personal property that is damaged, lost or stolen while the Community Room is in use.

To determine availability of the room, Unit Resident must send an email to [Wentworth.Place@Yahoo.com](mailto:Wentworth.Place@Yahoo.com) at least 10 days before event is planned. Confirmation of availability will be sent within 48 hours. A Security Deposit check of TWO Hundred Dollars ($200.00) payable to the Wentworth Place Condominium Unit Owners' Association, shall accompany this Reservation Form Agreement. The form shall be delivered to a representative of Management or Board of Directors, seven (7) business days prior to event date. Immediately prior to use of the room, a representative of the Association will contact the Unit Resident and schedule a walk-through. The day following the event, the Unit Resident will return the key to the Association's representative and a walk-through will be conducted to assess the condition of the room and/or any damage. Unit Resident must be present during both walk-throughs.

Unit Resident Hosting Event signature

…………………………………………………… Date: ……………………………………......

Form/deposit received by Association Representative ………………………………….... Date: ……………………….

Management and

Board of Directors