



FACILITY USE AGREEMENT Authorized Clubs

Arlington Ridge CDD and the undersigned Resident(s)/Responsible Party hereby agree on the use of the facility as specified below at no cost, subject to the terms and conditions herein.

PLEASE CIRCLE ONLY ONE REQUESTED FACILITY: Fairfax Hall, Movie Theater, Library, Arts & Crafts Room, Game/Card Room, Pools/Cabana, Tennis or Pickle Ball Courts.

NAME OF RESIDENT RESERVING FACILITY: _____ PURPOSE OF MEETING (Name of Authorized Club) _____

RESIDENT'S HOME ADDRESS: _____

PHONE NO. _____ EMAIL: _____

MONTHS / DAYS / DATES - START TIME / END TIME REQUESTED

FOR FOLLOWING /DATES:

Month: _____, **Day:** _____, **Dates:** _____

Month: _____, **Day:** _____, **Dates:** _____

Month: _____, **Day:** _____, **Dates:** _____

START TIME: _____ **END TIME:** _____

(The reserved time is inclusive of set-up and clean-up time.)

Resident(s)/Responsible Party agree to leave the facilities used in the same condition and set-up as prior to event and use of the facilities shall be in accordance with the District's Facility Use Policies.

- i. Remove all garbage, place in dumpster and replace garbage liners.
- ii. Take down all party displays.
- iv. Return all furniture to original locations.

Resident(s)/Responsible Party:

Arlington Ridge CDD

Please Print Name

Manager

Signature

Date Signed

Date Signed