



CLUBHOUSE RENTAL

PARTY SUPERVISOR CHECK LIST:

DATE: ____ / ____ / ____

NAME: _____

ADDRESS: _____

DATES AND HOURS CLUBHOUSE IS BEING REQUESTED

DATE: ____ / ____ / ____ TIME: ____ TO ____

*****(CAN'T EXCEED 10PM)**

- ☐ 40 CHAIRS & 2 TABLES
- ☐ KITCHEN
- ☐ FIRST AID KIT
- ☐ BATHROOMS (WOMEN & MEN)
- ☐ WALLS (INSIDE & OUT)
- ☐ OFFICE DOORS LOCKED
- ☐ WINDOWS
- ☐ WATER FOUNTAIN
- ☐ PLAYGROUND (APPLICABLE)
- ☐ CLEAN CLUBHOUSE, GRASS AREA, AND PARKING LOT

COMMENTS: _____

RESIDENT SIGNATURE: _____ DATE: ____ / ____ / ____

PARTY SUPERVISOR SIGNATURE: _____ DATE: ____ / ____ / ____