The Fairways Homeowners Association
Request for Use of Clubhouse

Name of Responsible Person: _____

Home Address: _____ Home Telephone: _____

Fairways Address: _____ Telephone: _____

Organization: _____ Date of Function: _____

Time Reserved: _____# of Guests Expected: _____

Beer/Wine Served: _____

1. Reason for use of the clubhouse: _____

2. User agrees to be responsible for items contained within the clubhouse, the clubhouse kitchen, and kitchen key.

3. Reservations are permitted between 9:00 a.m. & 7:00 p.m. If your event expects to continue after 7:00 p.m. please obtain additional approval from the management company.

4. Homeowners may use the Clubhouse for private or special parties by making reservations with the management company. **A deposit of $125.00 is required. $100.00 is refundable if the clubhouse and area are left in good condition**. Please make your check payable to the Fairways Homeowners Association. A notice will be posted advising homeowners of the use of the Clubhouse.

5. Entry gate must remain closed at all times. A person may stand at the gate to let guests enter premises.

6. The responsible person is required to keep the noise level at minimum, use non-breakable utensils, clean the clubhouse and adjacent area, vacuum carpet, clean kitchen area and restrooms, and remove all trash from the premises.

7. A member of the board or the social committee will inventory the building prior to the use and within 24 hours after date of function. All damaged, soiled, lost equipment must be repaired, cleaned and replaced before refund of the $100.00 is processed.

8. Pool/spa use is excluded from this application. Barbeques may be used by making reservations at the management office. A $100.00 deposits is required form homeowners, but is refundable if the barbeques are left in a clean condition, the gas is turned off, and the locks are put back on the barbeques.

MAKE CHECKS PAYABLE TO: **THE FAIRWAYS HOMEOWNERS ASSOCIATION**
PO Box 799, Rancho Mirage, CA 92270

_____   _____
Signature of Responsible Person   Date

Inspected By: _____   Date _____

Refund: Yes _____No_____