



BVSA Employee: _____

BVSA SPECIAL USE REQUEST AND AGREEMENT

Requested Date(s) of Use: _____ Time of Use: _____

Amenity/Location Requested

BVSA Recreation Amenities:

- Whiting Center Green Room Game Room Cub Lake Four Island Lake
 Tennis Pavilion Horseshoe Area Camp Ground Pool Whiting Center Play Ground

BVSA Equestrian Amenities:

- Equestrian Center Lounge Equestrian Arenas

BVSA Food and Beverage Amenities:

- Oak Tree Country Club Reception Room Oak Tree Country Club Garden Room
 Mulligan Room Patio The Oaks Restaurant Oak Branch Saloon

Other BVSA Amenities: _____

Purpose of Use: _____

Contact/Person Responsible: _____

Telephone: _____ Email Address: _____

Member: Yes No Member Tract/Lot: _____

If No, Sponsoring Member Name: _____ Tract/Lot: _____

Will Member be Present During Use: Yes No

Recognized Club: Yes No Name of Club: _____

Commercial User: Yes No

Does use require closing or partially closing the facility to other users: Yes No

Expected Attendance: _____ Number of Members: _____

Required Fees:

Rental: Yes No Amount: \$ _____

Clean / Repair Deposit: Yes No Amount: \$ _____

Commercial Fee: Yes No Amount: \$ _____

Fee for Unusual Hours: Yes No Amount: \$ _____

Will Food and Beverage be served at this Event Yes No

Catered by BVSA Food and Beverage Department Yes No

If no, please explain: _____

Will Alcoholic Beverages be Served at this Event Yes No

Served by BVSA Food and Beverage Department Yes No

If no, please explain: _____

THIS DOCUMENT CONTAINS TERMS OF USE AND I/WE UNDERSTAND AND WILL ABIDE BY THE TERMS. I/WE ALSO UNDERSTAND THAT ANY ADVERTISING, NEWS ITEMS OR INVITATIONS TO THE PUBLIC WILL INCLUDE A STATEMENT THAT DESCRIBES THE PROCEDURE FOR OBTAINING A ROAD USE OR AMENITY GUEST PASS REQUIRED FOR THE PUBLIC.

Initial: _____

INSURANCE: Bodily injury and property damage insurance is required Yes No
(must be provided to BVSA five working days prior to use of facility)

Insurance Carrier: _____ Policy Holder: _____

Insurance Carrier Contact: _____

Address: _____

Phone Number: _____

Policy Limits: \$ _____ Insurer/Certificate Number: _____

In consideration of being allowed to make a special use of the above-described facility or common area, the Special User named above (and each guest, member and participant) agree that the use of the facility or common area is at their own risk, that they are voluntarily using the facility or common area, and that they assume all risk of injury, damage and loss to persons or property resulting from or in any way connected with such use, and further agree to release and discharge the Association and its employees, agents and representatives from any and all claims or causes of action arising out of or related to the Special Use. The Special User agrees to hold harmless, indemnify, and release the Association, its employees, agents and representatives from any and all liability for damage and/or injury to any person or property resulting from or related in any way to the Special Use.

This document contains the terms of use and I/We understand and will abide by the terms. I/We also understand that any advertising, news items or invitations to the public will include a statement that describes the procedure for obtaining a Road Use Pass or Amenity Guest Pass required for the public.

For All Commercial Users:

By signing this document, Special User acknowledges that the Association reserves the right to inspect/audit the books and records to verify gross revenue and the amount of the fee to be paid. [Section 1802 (c) (1) & (2)].

Contact/Person Responsible:

Signature: _____ Date: _____

Member Tract/Lot No: _____

Signature: _____ Date: _____

Approved Denied Amenity Manager _____ Date: _____

Approved Denied General Manager _____ Date: _____

Board President or Designee _____ Date: _____

FOOD AND BEVERAGE REQUEST

Facility: _____

Will special setup and removal of furniture and/or equipment be required? Yes No

○ If Yes, please describe expected setup:

- _____

Will food service be provided to attendees of this Event? Yes No

○ If Yes, please include the following:

- Food and Beverage Budget _____

Will alcoholic beverages be served at this Event? Yes No

○ If Yes, please include the following:

- Budget: _____
 - Hosted Bar (Engager is paying)
 - Beer Yes No
 - Wine Yes No
 - Liquor Yes No
 - No Host bar Yes No
(Attendees will be paying)

Fees:

Rental: Yes No Amount: \$ _____

Clean / Repair Deposit: Yes No Amount: \$ _____

Commercial Fee: Yes No Amount: \$ _____

Fee for Unusual Hours: Yes No Amount: \$ _____

CATERING PROVIDED BY NON-BVSA ENTITY

Food Catered By _____

○ Served By _____

- Health Permit Attached Yes No
- Catered License Attached Yes No
- Liability Insurance Policy Attached Yes No

Will Alcohol Be Served at this Event Yes No

○ Served By _____

- A.B.C. Catering Permit Attached Yes No

Facility/Equipment use and special instructions:
