

BVSA SPECIAL USE REQUEST AND AGREEMENT

Requested Date(s) of Use		Time of Use
	Amenity/Location	
BVSA Recreation Amenities: Whiting Center Green Room Ga Tennis Pavilon Horseshoe Area Adams Field Cub Field BVSA Equestrian Center Lounge: Equestrian Center Lounge Equestria	Camground \(\textit{Poo}\)	
BVSA Food and Beverage Amenities:		
Oak Tree Country Club Reception Room (Mulligan Room Patio Mulligan Room " Other BVSA Amenities:	'Golfer's" Patio OTh	ne Oaks Restaurant Oak Branch Saloor
Purpose of Use:		
Contact/Person Responsible:		
Telephone:	_Email Address:	
Member: OYes ONo Member Tract/Lo	ot:	
If No, Sponsoring Member Name:		Tract/Lot:
Will Member be Present During Use: NRecognized Club: Yes No	_	
Commercial User: Yes No Does use require closing or partially closi	ng the facility to oth	ner users: OYes ONo
Expected Attendance:	Nur	mber of Members:
		nt. [Cash, charge, or member check]
Rental:	○Yes ○No	Amount: \$
Clean/Repair Deposit:		Amount: \$
Commercial Fee:		Amount: \$
Water - 4 Island, Site A only:	○Yes ○No	Amount: \$
*Note: \$30 fee and t	•	
Unusual Hours Fee:	○Yes ○No	Amount: \$
Will Food and Beverage be served at this Catered by BVSA Food and Bev	0 0	
If no, please explain:		
Will Alcoholic Beverages be Served at this Served by BVSA Food and Beve	0 0	
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 INVITATION 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 Carrier: Policy Holder: Insurance Carrier Contact:	INSURANCE:	Bodily injury and property damage insurance is required: Yes No
Insurance Carrier Contact: Address: Phone Number: Policy Limits: \$		(must be provided to BVSA ten working days prior to use of facility)
Phone Number: Policy Limits: \$ Insurer/Certificate: 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 all 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 or guest pass required for the public. By signing this document, Special User acknowledges that the Association reserves the right to inspect/audit the books and	Insurance Carrier:_	Policy Holder:
Phone Number: Policy Limits: \$	Insurance Carrier C	Contact:
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	By signing this docuinspect/audit the be	iment, Special User acknowledges that the Association reserves the right to ooks and records to verify gross revenue and the amount of the fee to be pa
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 pa [Section 1802 (c) (1) (2)]	Contact / Person R	esponsible:
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 pa	Signature:	Date:
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 paragraphical [Section 1802 (c) (1) (2)] Contact / Person Responsible:	Mombor Tract/Lot	No : Date:



BVSA RECREATION USE REQUEST

EVENT:	Reque	ested Date(s) of Use:	
Contact/Person Responsible:		Telephone:_	
Email Address:			
Set Up Time: Start Time:	Clean Up:	End Time	:
Member Tract/Lot No.:			TOTAL FEES:
1-4 Hours O 5-8 Hours All Day			
Location Requested:			
WC: Green Room BB Court Area Picn	ic Area	#xFee \$	\$
Cub Lake: Area(s) A B C) D() E()	#xFee \$	\$
Four Island Lake: Area(s) A B C) D()	#xFee \$	\$
Tennis Pavilion:	;	#xFee \$	\$
Other:		#xFee \$	\$
Equipment Rentals: Yes No			
Tables: 8'	ı	# xFee\$	\$
Tables: Round 5'		 # xFee \$	\$
Chairs: Tan Metal Folding	1	# xFee \$	\$
Other:	1	#xFee \$	\$
Electricity Use at Cub Lake:	1	#xFee \$	\$
Commercial Fee: Yes \(\)No	1	#xFee \$	\$
Fee for Extended Staffing: Yes No	;	#xFee \$	\$
Water - 4 Island, Site A only:	i	#xFee \$	\$
Clean/Repair Deposit:	i	#xFee \$	\$
Refundable Deposits: 1-100 People \$100. : DEPOSITS ARE CASH ONLY AND MUST BE PAID	A MINIMUM OF 10	DAYS PRIOR TO EVEN	TOTAL FEE
If the Special User leaves the amenity as clea			
of repair as existed prior to the Special Use, t			\$
deposit shall be forfeited to the Whiting Cen			
left in an acceptable condition or if it remain			
	verifying refund: _		
Employee Int.: Date of Re			<u> </u>
Approved Obenied Amenity Manager			
Approved Openied General Manager		Date	·
Board President or Des	ignee:	Da	te: