

# TWO CREEKS CDD FACILITY ROOM RENTAL FORM

## Room Rental Application

PLEASE PRINT

Name of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Access Card Number(s): \_\_\_\_\_  
Intended Use: \_\_\_\_\_ Estimated Attendance \_\_\_\_\_  
Date of Event: \_\_\_\_\_ Time (5hr max.) \_\_\_\_\_ to \_\_\_\_\_

I agree to indemnify and hold harmless the Two Creeks Community Development, and their agents, supervisors, officers, directors, employees, and staff from any and all liability, claims, actions, suits, or demands by any person, corporation, or other entity, for liability, claims, actions, suits, or demands by any person, corporation, or other entity for injuries, death, property damage of any nature arising out of or in connection with the use of the Amenities. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

I have read, understand, and agree to abide by all policies and rules of the District governing the Amenities. Failure to adhere to the District's policies and rules may result in the suspension or termination of any privileges to use the facility. I also understand that I am financially responsible for any damages caused by me, my family members, and my guests. If requested, I will obtain an event insurance policy naming the Two Creeks Community Development District, and their agents, supervisors, officers, directors, employees, and staff as additional insured.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### Please initial by each:

1. \_\_\_\_\_ There is a maximum capacity of 25 persons for the Room. Patrons must inform their guests that once the scheduled party is completed, all guests are requested to exit.
2. \_\_\_\_\_ The rental fee is Fifty Dollars (\$50.00) for up to 25 guests. All checks/ money orders must be remitted by the applicant named above and be made **payable to Two Creeks CDD**.
3. \_\_\_\_\_ The five (5) hour maximum time limit includes setup, cleanup time and trash removal per the Amenity Center Rental Policies. Please schedule accordingly.
4. \_\_\_\_\_ The five (5) hour maximum time limit applies to all guests in attendance. Guests are required to sign in (Party Sign In Sheet). Once party is complete, all guests are required to exit. Standard guest policy applies outside scheduled reservation.
5. \_\_\_\_\_ Use of the Kitchen facilities (refrigerator, microwave.) in the Room is to remain accessible to all Patrons renting an area.
6. \_\_\_\_\_ A security deposit in the amount of Three Hundred Dollars (\$300.00) shall be provided for the Room remitted by the applicant named above and be made **payable to Two Creeks CDD**.
7. \_\_\_\_\_ Additional fees may be assessed if the clean up is incomplete or if event is not kept within the identified times or if there is any damage to the Facilities. Any rental going later than 5:00pm will incur an additional \$15 an hour charge. No events are to go later than 9:00 pm.
8. \_\_\_\_\_ Will you be serving alcohol at your event? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**. If yes, please note that approval from the District Manager or Board of Supervisors **MUST** be obtained and if approved, additional event liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) is required by the Two Creeks CDD Policies. Evidence of such coverage must be provided and approved by the District Office prior to the event.
9. \_\_\_\_\_ **All deposit and rental checks must be remitted by the applicant named above and will be deposited prior to rental. A refund check will be processed within 7 to 10 business days after a complete clean up inspection by District Staff has taken place without incident.**
10. \_\_\_\_\_ I have read and understand the Amenity Center Rental Policies which are found at [www.Twocreekscdd.org](http://www.Twocreekscdd.org).

**Circle – Yes or No** Are there any outside vendors being hired for your event? If yes, please furnish the Management Office with the proper Certificate of Insurance naming Two Creeks CDD as additionally insured.

Fee Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Refund Request: \_\_\_\_\_