

SUNRISE LAKES PHASE 4 RECREATION DISTRICT

APPLICATION FOR USE OF THE SATELLITES

UNIT OWNER NAME: _____

ADDRESS: _____

TELEPHONE NO. _____

BUILDING NO. _____ UNIT NO. _____

I, _____ ACKNOWLEDGE THAT IF ANY OUTSIDE VENDORS WILL BE USED AT THIS EVENT, THEY MUST PROVIDE THEIR LIABILITY INSURANCE NAMING SUNRISE LAKES PHASE 4 RECREATIONAL DISTRICT AS AN ADDITIONAL INSURED IN THE CERTIFICATE HOLDER BOX. USE OF OUTSIDE VENDOR WITHOUT INSURANCE WILL FORFEIT \$200 DEPOSIT.

APPLICATION REQUEST MUST BE SUBMITTED AT LEAST 10 CONSECUTIVE DAYS PRIOR TO THE EVENT.

SATELLITE NO. _____ **DATE** _____

REGULAR SATELLITE HOURS ARE STATED ON THE CALENDAR. HOURS ARE FROM 8:00 AM TO 8:00 PM ON MONDAY THROUGH THURSDAY. FRIDAY THROUGH SUNDAY FROM 8:00 AM TO 6:00 PM, OVERTIME SECURITY IS AVAILABLE UPON REQUEST; A FLAT FEE OF \$100 IS CHARGED FOR THIS SERVICE. THIS MAY EXTEND EVENT UP TO 10:00PM ONLY ON FRIDAY THROUGH SUNDAY INCLUDING CLEAN UP TIME.

NO MAJOR HOLIDAY SATELLITE RENTALS

Reservation Hours: _____

THE PURPOSE OF THE EVENT : _____

THE RESIDENT UNDERSTANDS THAT THE SATELLITE IS NOT FOR THE EXCLUSIVE USE OF THE RENTER AND THAT THE SATELLITE MUST BE LEFT CLEAN AND IN GOOD CONDITION. THE USE OF THE SATELLITE FOR PROMOTIONAL EVENTS IS PROHIBITED

THE GARBAGE MUST BE REMOVED AND DISCARDED AT THE OWNERS BUILDING.

PARTY GUESTS

THE TOTAL OF RESIDENT HOSTS, RESIDENT GUEST, NON RESIDENT GUESTS AND WORKING CREW MUST NOT EXCEED 40 PEOPLE.

() HOW MANY SUNRISE LAKES PHASE 4 RESIDENTS WILL ATTEND _

() HOW MANY GUEST (NON-RESIDENTS OF SLP4) WILL ATTEND _

NO. OF GUEST PASSES REQUIRED: _____ TOTAL AMOUNT: _____ PAID DATE: _____

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DEPOSIT FEE MUST BE PAID IN A SEPARATE CHECK

FEE SCHEDULE:

DEPOSIT - DAMAGE AND CLEAN-UP FEE	\$200.00 - Initials _____
NON-REFUNDABLE RENT FEE	\$50.00 - Initials _____
NON-REFUNDABLE SECURITY OVERTIME Flat Rate	\$100.00 - Initials _____
PAID GUEST PASSES TOTAL Per Person.	\$5.00 - Initials _____
ADDITIONAL SET-UP TIME -PER HOUR	\$30.00 - Initials _____

THE RESIDENT IS FULLY RESPONSIBLE FOR ANY AND ALL DAMAGE INCURRED BY THE ABOVE MENTIONED EVENT AND WILL BE BILLED ACCORDINGLY.

I, _____ HEREBY AGREE AND ACKNOWLEDGE ALL THE RULES THAT ARE STATED ON THIS DOCUMENT AS WELL AS THE ONES STATED ON THE SUNRISE LAKES PHASE 4 FACILITY RULES AND REGULATIONS.

RESIDENT'S

DATE

OFFICE USE ONLY

() APPROVAL

() DENIED

SLP4ADMINISTRATIVE ASST

DATE

SUNRISE LAKES PHASE 4 RECREATION DISTRICT

RULES FOR USE OF SATELLITES

Satellites CANNOT be used for Promotional and or PAID events or SALES events.

Satellite rental can be used for a Sunrise Lakes Phase 4 club or owner-sponsored event, such as celebrating a birthday, an anniversary or small wedding. For large events, please see Social Director. Satellite rentals do not include use of the pool or billiard room.

Satellites can be rented for up to 5 hours. These events MUST be scheduled at least 10 days in advance and IN PERSON. The unit owner must have a valid Sunrise Lakes Phase 4 ID card. A unit owner that is in arrears will **NOT** be allowed to rent a Satellite or any outdoor rental facilities. Payment is required upon Reservations. Reservations without payment will not be accepted.

Events cannot be attended by more than one half the posted satellite building capacity, or a maximum of 40 guests, whichever number is lower.

Events must be pre-arranged as previously stated and cannot be private, as to building use. Recreation District members and their guests cannot be denied access to the Satellite.

These events can only be reserved during the normal posted hours for the Main Clubhouse office. The approval process is done through the Main Clubhouse office.

Owner Initials: _____

All vendors participating in the events, such as performers, bands, DJ's, entertainers, caterers, and servers' etcetera, are required insurance naming the Rec District as an additional insured. (See Social Director for wording needed for this additional insurance.)

Failure to produce the insurance coverage (when required) 10 days before the event will result in cancellation or denial of the reservation request.

The owner who reserves a facility must be present for the duration of the event. The owner assumes all liability for his/her guests during the event.

Owner Initial: _____

Use of facilities for a Bereavement is a special situation and will be at the Social Director's sole discretion.

Facility reservations for Satellites will be limited to 4 times per calendar year for each residential unit / club / group.

Satellite events must be over and cleared no later than 8:00 PM from Sunday through Friday.

Extended Hours:

Written requests for extended hours must be approved by the DM and or Social Director. The charge is a flat rate of \$100.00 dollars to cover security service. Charges must be paid in advance, at the time of the reservation. This fee is nonrefundable.

Owner Initials: _____

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Guest Requirements:

A list of all guests must be provided to the Social Director to be able to purchase guest passes. All satellite guests must have a Sunrise Lakes Phase 4 Resident ID or a paid guest pass.

In all events the satellite must be cleaned and ready to close at the time noted on the reservation.

Owner Initial: _____

Reservation

Requirements:

A non-refundable fee of \$50.00 dollars for reservation of any satellite is required. Reservations require an advance deposit of \$200.00 dollars for damages, staff cleaning, failure to obtain insurance for vendors, use of swimming pool and early or prior day set up. No Smoking, No pets (except certified service dog) in addition to the use of billiard room.

Failure to adhere will result in forfeiture of deposit.

Owner Initial: _____

There will be a courtesy set-up time of one hour prior to the start of the event. A written request must be submitted in the event that more time is needed for set-up. Upon approval by the Social Director, the fee is set at \$30.00 per hour paid in advance.

Owner initials _____

I _____ the unit owner, acknowledge and agree with all the rules set forward for this event.

Signature _____ Date _____

Print Name: _____ Bldg. _____ Unit # _____