

Please print the following information legibly.

**NAME:** \_\_\_\_\_ **DATE OF EVENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **NUMBER OF GUESTS:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

COMMUNITY ROOM #1 LOCATED AT 247-11 UNION TURNPIKE (BASEMENT), BELLEROSE, NY 11426

I have read, understand and agree to the terms of this agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I agree to indemnify and hold Glen Oaks Village Owners, Inc. harmless from and against any and all claims, losses, liabilities, costs and expenses inclusive of legal fees that may arise from my use of the Community Room.
- I agree to use the Community Room in a safe manner and to instruct all of my guests to do likewise.
- I understand that the use of the Community Room by me and my guests is entirely at my sole risk.
- I assume full responsibility for the cost of any damage to property that may result from my use.
- I assume full responsibility for personal property lost, stolen or left remaining in the Community Room at the end of any function.
- I understand that smoking is prohibited in the Community Room.

## GUIDELINES

1. The Community Room is available to all residents of Glen Oaks Village on a first come first served basis.
2. The fee for the room is \$50.00 to Shareholders and \$75.00 to Non-Shareholders. Make check payable to Glen Oaks Village Owners, Inc.
3. A security deposit of \$50.00 must accompany the application. This deposit is refundable provided:
  - All conditions of this agreement have been met by you, and
  - In the event of cancellation, notice must be given to Management at least two weeks prior to reserved date and time.
  - Please allow two weeks for the return of your deposit.
4. Hours available are:
  - Monday – Friday: 3 PM– 8 PM
  - Saturday & Sunday: 10 AM– 3 PM & 4 PM – 9 PM
5. Application must be submitted to the Management office two (2) weeks prior to the scheduled event.
6. Application must state purpose. The Community Room is meant for family social gatherings (children’s birthday parties, showers, etc.), it is not to be used for religious ceremonies or bachelor / bachelorette parties.
7. Room limit must be stated and must comply with the NYS law (36 people).
8. Entertainment (radio/CD player, TV, musical instruments) must be kept at reasonable levels.
9. Applicant is responsible for their guest(s).
10. I agree to:
  - Call Security (718-347-6660) at the start of my function and await their arrival so that they can unlock the premises.
  - Call Security at the conclusion of my function and await their arrival so that they can lock the premises.
  - Remove all items belonging to me or my guests.
  - Leave room in broom clean condition.
  - All garbage must be bagged and tied and taken to a nearby dumpster(s).

**Date:** \_\_\_\_\_

**Subject:** Community Room Rental  
247-11 Union Turnpike, Basement  
Bellerose, NY 11426

**Note:** Scheduling days and times are as follows:  
Monday to Friday 3:00 PM to 8 PM  
Saturday and Sunday 10:00 AM to 3:00 PM **OR** 4:00 PM to 9:00 PM

**Event Info:** Type: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Resident Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Security Deposit:** \$50.00 for Shareholders \$75.00 for Renters

- **Security deposits will be returned only after it has been determined that the Community Room is properly cleaned and nothing is damaged. If the Community Room is not left in good condition, security deposits will not be returned.**

\_\_\_\_\_  
**Signature of Shareholder/Renter**

\*\*\*\*\*

***For Security Only***

Condition of Community Room

Clean: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Security Officer's Name: \_\_\_\_\_

Opened Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_

Security Officer's Signature: \_\_\_\_\_

**MEMORANDUM**

**DATE:**

**TO: Maintenance**

**CC: Security**

**From: Management Office – Reception**

**RE: Community Room**

**Please be advised there will be a party in the Community Room on**

\_\_\_\_\_ **At** \_\_\_\_\_

**There will be \_\_\_\_\_ People in attendance.**

**After the party is over, please inspect the room and make sure it is left in broom swept condition.**

**Please then notify the receptionist in the Management Office the condition the room was left in so that we can return the Residents Security Deposit.**

# *GOVO Community Room Checklist*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

GV#: \_\_\_\_\_

Party Date: \_\_\_\_\_

Type of Party: \_\_\_\_\_

Checks:	Received	Date	Check Number
\$50.00 Security Deposit	<input type="checkbox"/>	_____	_____
\$ 50.00 Shareholders' Fee	<input type="checkbox"/>	_____	_____
\$75.00 Tenants' Fee	<input type="checkbox"/>	_____	_____

	Received	Date	Comments
Application:	<input type="checkbox"/>	_____	_____
Copies of Application and Checks:	<input type="checkbox"/>	_____	_____
Copies sent to Maintenance:	<input type="checkbox"/>	_____	_____
Copies sent to Security:	<input type="checkbox"/>	_____	_____
Room verified by Maintenance:	<input type="checkbox"/>	_____	_____
Paperwork given to Arlene:	<input type="checkbox"/>	_____	_____
Refund of Security Deposit:	<input type="checkbox"/>	_____	_____
Date of Cancellation:	<input type="checkbox"/>	Date: _____	
		Name: _____	