

Glen Oaks Village Owners, Inc.

Community Room Request Form

Please print your information legibly in all highlighted fields.

NAME: _____ **DATE OF EVENT:** _____

ADDRESS: _____ **TIME:** _____

CONTACT #: _____ **# OF GUESTS:** _____ **PURPOSE:** _____

GUIDELINES

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

1. The Community Room is available to all residents of Glen Oaks Village on a first come first served basis.
Hours available are:
Monday – Friday: 3 PM– 8 PM
Saturday & Sunday: 10 AM– 3 PM & 4 PM – 9 PM
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. In the event of cancellation, contact Management at least two (2) weeks prior to reserved date and time.
4. Application must be submitted to the Management office two (2) weeks prior to the scheduled event.
5. 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.
6. Number of guests must be stated and comply with the NYS law (36 people).
7. Entertainment (radio/CD player, TV, musical instruments) must be kept at reasonable levels.
8. Applicant is responsible for their guest(s).

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

- ❖ Call Security at the start of my event and await their arrival to unlock the premises.
- ❖ Call Security at the conclusion of my event and await their arrival to lock the premises.
- ❖ Remove all items belonging to me or my guests, including any tape or glue dots on the walls.
- ❖ Leave room in broom swept condition. Residents may be charged a cleaning fee.
- ❖ All garbage must be bagged, tied, and taken to a nearby dumpster.
- ❖ I agree to indemnify and hold Glen Oaks Village Owners, Inc. harmless from and against 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 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 event.
- ❖ I understand that smoking is prohibited in the Community Room.
- ❖ Use of any type of confetti is prohibited.

SIGNATURE: _____ **DATE:** _____

Glen Oaks Village Owners, Inc.

TO: Maintenance & Security

FROM: Management Office - Reception

RE: Community Room Rental

NAME: _____ **DATE OF EVENT:** _____

ADDRESS: _____ **TIME:** _____

CONTACT #: _____ **# OF GUESTS:** _____ **PURPOSE:** _____

Maintenance:

After the event is over, inspect the room and make sure it is left in broom swept condition including any adhesive (tape, glue dots, etc.) on the walls.

If the room is not clean, please take a photo of each area.

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For Security Only

Is the Community Room clean? YES NO

Explanation: _____

Opened Time: _____

Closed Time: _____

Security Officer's Name

Security Officer's Signature

Glen Oaks Village Owners, Inc.

OFFICE USE ONLY

Resident Name: _____ GV# _____

Address: _____

\$50.00 Shareholder Fee Date: _____ Check #: _____

\$75.00 Non-Shareholder Fee Date: _____ Check #: _____

Written into Community Room Calendar Book

Completed Request Form & Memo by Shareholder or Resident

Copy of Check or Credit Card Payment

Check for Account Arrears Current Balance: _____

Work Order Ticket for Cleaning Work Order #: _____ Date: _____

Date of Cancellation: _____

CANCELLATIONS MUST BE DONE IN WRITING

Submitted By Date

Property Manager Date

APPROVED

DENIED

Maintenance Services Sign Off Date