



Arrowood Facility Reservation Form

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date(s) Requested: _____ Location: _____

Start Time: _____ End Time: _____

(Note: Event must end by 10:00PM, with clean up to be complete by 11:00PM)

Type of Event/Description of activities planned: _____

Music: Yes No If Yes, Type: _____

Anticipated Number of Guests: _____ Adults _____ 18 years and under

Name and phone number of person(s) responsible for clean-up (if different from above)

Name: _____ Phone # _____

Name: _____ Phone # _____

____ (Initial) I, the undersigned applicant have read the Arrowood Common Area Rules and agree to comply with them. **The undersigned agrees to indemnify and hold Arrowood Master Association, its members, officers, directors, agents, successors and assigns harmless from and against all liability, claims, cost, and expenses (including attorney fees) arising from the undersigned's or the undersigned's guests' use of the Arrowood facilities.** I understand that violation of these rules could lead to loss of future recreational facilities privileges and/or fines per the Arrowood Master Association Rules and Regulations. I understand that I, as the homeowner or resident, will be held responsible for my guests.

____ (Initial) A Reservation Form, refundable deposits and a usage fees must be paid to Arrowood Master Association at the time of application for reservation.

____ (Initial) The deposit is refundable, subject to costs incurred for such issues as (not limited to): (A) damage to the Clubhouse and/or its contents; (B) damage to recreational facilities or common areas by Association members, their guests, and children of members or guests; (C) failing to return the Clubhouse to a clean condition including removal of all trash from the premises; (D) damage to the furniture; and (E) homeowner not present at all times.

____ (Initial) **There is no alcohol permitted at the pool or clubhouse. I acknowledge that alcohol will not be sold or used in the community facilities.**

____ (Initial) I acknowledge that there is NO LIFEGUARD on duty.

____ (Initial) I acknowledge that the pool is not included in this reservation and further acknowledge that the pool may be closed due to unforeseen circumstances, repairs or malfunctions.

____ (Initial) I acknowledge that amplified music is not permitted.

____ (Initial) I acknowledge the occupancy limit is 45 persons.

Owner/Residents Signature

Date

Please send the completed form, along with the rental fee and security deposit checks to:

The Avalon Management Group, Inc., Arrowood Masters HOA
3618 Ocean Ranch Blvd, Oceanside, CA 92056

Phone: (760) 481-7444 Website: www.AvalonWeb.com
Fax: (800) 646-1887