## The Carillon House

## PENTHOUSE RESERVATION FORM

Name of Resident:	Unit #:
Date Requested:Alternat	e Date:
Time In:Time Out:	
(Ending times are as follows-Monday through Friday: 10	:00 p.m.; Saturday, Midnight; Sunday, 9:00 p.m.)
Number of Guests:Type of Party:	
(Tables and chairs currently accommodate 72 persons for	sit-down events.)
Will you require removal or replacement of existing furni	ture? YESNO
If YES, please specify:	
This function will require:	
Present set-up (4 tables seating 16 people)	Extra round tables (max 72)
Extra chairs (maximum 48)	
Will this function be catered: YES NO	Will kitchen be used: YES NO
SET -UP/CLEAN-UP:	
Maintenance Personnel Responsibility: Setting up and to of the day will be the responsibility of the maintenance so from 8:00 a.m.to 4:00 p.m., excluding lunch hours. Maint billed to the resident, based on the amount of time requires	taff personnel on duty Monday through Friday enance set-up time of more than one hour will be
Resident Responsibility:  1. Wash all dishes, silverware, etc. (in 2 dishwashers)  2. Gather table linens for laundering by staff.  3. Group decorations together or remove if property of restance to the state of t	
If above guidelines are not followed, resident will be char	ged for additional clean-up time.
Is there another event scheduled for this date?	YES NO
If YES, time of event:Resident	Host:
Resident is responsible for the behavior of guests ar	nd all damages to Association property.
Signature of Resident:	Date:

Approved 3/9/2018