

Lakeshore Association

A Private Residential Community on Lake Michigan

Clubhouse Reservation Form

Date: _____

Name: _____ Address: _____

Telephone number of Co-owner: _____ Unit Number: _____

Date Requested: _____

Hours Requested: _____

Type of function: _____

Clubhouse Deposit: _____

Clubhouse Use Fee: _____

Total Charges and deposits: _____

Inspection of Clubhouse: Date: _____ Time: _____

Needs Cleaning: Yes _____ No _____

If the clubhouse pool is used for private social functions, the Co-owner in charge must provide pool supervision and by signing this form agrees to release Lakeshore Condominium Association from any liability.

The Co-owner in charge will be liable for any damages incurred and agrees to pay for any repairs or replacements for damage caused by his/her guests, to any part of the walls, ceiling and floor of the clubhouse, its furniture, furnishings, equipment, and grounds.

Violations of the above guidelines may result in forfeiture of all or part of the security deposit and suspension of clubhouse privileges.

I agree to comply with the Clubhouse rules, Lakeshore Condominium By-laws and the rules and regulations set forth by Lakeshore Condominium and to be bound by them.

Signature of Co-owner: _____

Signature of Management Representative: _____

Deposit returned: _____ Date: _____

Returned by: _____