

**REFLECTION LAKES BALLROOM RENTAL  
AGREEMENT FOR PRIVATE EVENTS**

This agreement is between Reflection Lakes Property Management and Homeowner of Reflection Lakes at Naples. Its purpose is to outline the terms and conditions under which an RLN resident can host an event in the Reflection Lakes Ballroom. It is understood and agreed that any violation of the conditions below will result in future rental request being denied and all current deposits will not be refunded. It is expected that the resident whose name appears below is knowledgeable regarding the Reflection Lakes at Naples Rules and Regulations published in August 2016. In addition, be advised that this agreement is **exclusively for the ballroom only** – *the community pool, fitness center and billiard rooms are not rented for private parties*. By signing the agreement, you have agreed to post your contact information as well as your rental date and times on the ballroom door.

**NOTE: BALLROOM AND ALL COMMON GROUNDS ARE SMOKE FREE – NO SMOKING IS ALLOWED !**  
**NOTE: MAXIMUM OCCUPANCY ALLOWED IS 165 PERSONS.**

Homeowner \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Event Description: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start/Setup Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of Guests (estimated) \_\_\_\_\_ Number of Children: \_\_\_\_\_  
(under the age of 18)

The following activities and vendors will be included in this event

\_\_\_\_\_ Alcoholic Beverage      \_\_\_\_\_ Food and Non Alcoholic Beverages      \_\_\_\_\_ Security  
\_\_\_\_\_ Party Rental Services      \_\_\_\_\_ Catering Services      \_\_\_\_\_ Band or DJ  
\_\_\_\_\_ Other \_\_\_\_\_

This rental is being requested by: \_\_\_\_\_ Homeowner  
\_\_\_\_\_ Non-homeowner ( resident ) \*\*

\*\* If this agreement is being requested by a non-homeowner, then the agreement must be completed by the homeowner. It is understood that the homeowner shall be completely responsible for all actions of the resident and their guests, and that all cost for any damages and or other fees or fines which may occur will be assessed to the homeowner.

\_\_\_\_\_ Date: \_\_\_\_\_  
Homeowner Signature

Attached with this completed application:

Access Code Request \_\_\_ \_\_\_ \_\_\_ \_\_\_ (this code will expire after \_\_\_\_\_)

\_\_\_\_\_ Community and Clubhouse access Plan

\_\_\_\_\_ All vendor(s) information, permits, licenses, certificate of insurances

\_\_\_\_\_ Homeowner/Resident Certificate of Insurance, naming Reflection Lakes at Naples as additionally Insured in the amount of Three Million Dollars (\$3,000,000)

*(when a homeowner/resident rents the clubhouse for a private event, it is required that you provide a certificate of personal liability insurance for this event. You must attach a certificate of insurance with this application).*

**Fees and Deposits: (No Cash accepted) No third party checks will be accepted – Deposit will be returned within 7 days after post event inspection has been completed and no damage or violations have occurred.**

\_\_\_\_\_ \$200.00 non-refundable rental fee - Check # \_\_\_\_\_

\_\_\_\_\_ \$500.00 refundable damage/violation of policy deposit (Homeowner) - Check # \_\_\_\_\_

I, \_\_\_\_\_, host of this event, will be present at all times during the event and agree to the conditions listed below (initial each condition)

\_\_\_\_\_ I agree to all rules and regulations of Reflection Lakes of Naples Clubhouse amenities and facilities and agree that any violation of said rules will result in my deposit not being refunded.

\_\_\_\_\_ I understand that I am responsible for any and all damages which may occur during this event by myself, my guests and or vendors and that I am fully responsible for any damages /fines that may exceed the (\$500.00) deposit. This includes all property damages, and or fines imposed by any state, county agency or RLN for violations which occur during this event.

\_\_\_\_\_ I understand that access doors are not be to propped open at any time and that doors from the Ballroom to the pool area are locked and are not to be opened. Any and all other doors marked as locked will remain locked and are not to be opened. I understand that my deposit will be forfeited if these terms are violated. I understand that my deposit will be forfeited if there is a false fire activation and I understand that any fines for false alarms will be assessed to the homeowner.

\_\_\_\_\_ I understand that proper attire is required – Shirts, pants/shorts, shoes are required (no bathing suits are allowed).

\_\_\_\_\_ I understand that all guests under the age of 16 must be supervised at all times.

\_\_\_\_\_ I understand that I am fully responsible to the actions of my guests including violations of any county or state laws and or RLN policy violations.

\_\_\_\_\_ I understand that all sound levels and noise must comply with Collier County Ordinances and not be a nuisance to residents.

\_\_\_\_\_ I understand that the Property Manager, Master Board Association President or his designee has the authority to terminate the event immediately if there are violations of the Rules and Regulations of Reflection Lakes of Naples, above conditions, or concerns of safety.

\_\_\_\_\_ I have received a copy of the Ballroom Rules and Regulations – Homeowner

\_\_\_\_\_ I have received a copy of the Ballroom Rules and Regulations – Non Homeowner (Resident)

\_\_\_\_\_

Homeowner Signature

Date

\_\_\_\_\_

General Manager

Date

### Non-homeowner information

\_\_\_\_\_

Resident Signature

Date

\_\_\_\_\_

(print name)

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone / Cell Phone

## Pre and Post Walkthrough & Inspection

Pre Inspection Date: \_\_\_\_\_

Comments/Concerns \_\_\_\_\_

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\_\_\_\_\_  
Homeowner/Resident Signature                      Date                      General Manager / BOD Representative      Date

Post Inspection Date: \_\_\_\_\_

Comments/Concerns: \_\_\_\_\_

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Damage/Violation of Policy Deposit Returned      \_\_\_\_\_ Yes      No \_\_\_\_\_

Reason for Non-Return of Deposit:

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Amount Refunded: \_\_\_\_\_

\_\_\_\_\_  
Homeowner / Resident Signature      Date                      General Manager / BOD Representative      Date

**REFLECTION LAKES BALLROOM RENTAL  
CONTACT INFORMATION**

*(THIS MUST BE POSTED OUTSIDE OF THE BALLROOM AT ALL TIMES DURING THE EVENT).*

**RENTERS NAME:** \_\_\_\_\_

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

**PHONE NUMBER TO BE REACHED DURING EVENT:** \_\_\_\_\_

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**EVENT DATE:** \_\_\_\_\_

**EVENT SET-UP TIME:** \_\_\_\_\_

**EVENT GUEST ARRIVAL TIME:** \_\_\_\_\_

**EVENT END TIME:** \_\_\_\_\_

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**\*\*SECURITY PROVIDED BY** \_\_\_\_\_

**COMPANY PHONE NUMBER:** \_\_\_\_\_

**PERSON ON DUTY:** \_\_\_\_\_