THE CAPE CONDOMINIUM ASSOCIATION

Clubhouse Rental Application

| Co-owner Name:Phone: | | | |
|---------------------------------------------------------------------------------------|------------------------|--------------------------|----------------------------|
| Address: | | | |
| Date Requested: | From: | am/pm ⁻ | Го:am/pm |
| (Activity may not extend beyond 1 | :00am – confined to th | ne interior of the clubh | nouse after 11:00pm) |
| Type of Party/Function: | | | |
| Will alcohol be served? (Please | e check) Yes: | No | D: |
| Number of persons attending: | | | _ (Capacity of 40 persons) |
| (Co-owner must be present during | | | |
| Food will be: (Please check) Ca | tered: | _ Warmed at C | lubhouse: |
| Rental Fee: \$50.00 Secur | rity Deposit: \$1 | 100.00 | |
| The check or money order is to | be made payak | ole to: | |
| The Cape Condominiums | | | |
| Main Fees and Application to: | | | |
| Leadership Management, Inc. | | | |
| PO Box 307, Hartland, MI 483 | 53 | | |
| My signature indicates that I have read of Policy 98-02 and understand that I must be | | | - |
| Co-Owner Signature | | Date | |
| ALLOW FOR TWO WEEKS FOR | PROCESSING O | F APPLICATION | |
| Date fee and deposit received: | | | |
| Application: (Please check) Approve | | | |
| Pick up keys at: | | Return to: | |
| Clubhouse inspected by: | | | Date: |
| Date deposit refunded: | | Amount of refund: | |