

COPPERLEAF

POOL PARTY RESERVATION AND AGREEMENT

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE #: _____ CELL: _____

EVENT DATE: _____ START TIME: _____ END TIME: _____

NUMBER OF ADULTS: _____ NUMBER OF CHILDREN: _____

***Total # of adults and children cannot exceed 40**

All normal pool rules are in effect during the party (no glass, no running, no alcohol, no food, no drink in the pool and all other rules apply). You also agree to accept the responsibility for the activities of all guests attending the function and excuse the HOA from any liability due to their actions, including injury.

Please also note that:

- Only one party may occur at a time
- First come, first serve
- Maximum guest count is 40 with 4 lifeguards
- Clean-up is your responsibility
- Reservations will only be accepted until July 19
- No parties will be held before May 28 or after August 11
- Reservations will be closed May 27-28 and July 3-4

All functions must be scheduled at least 3 weeks in advance. Please contact Vista Management to schedule a party. A \$100 Deposit is due with this form to ensure that party holders will notify Vista Management in the event of a cancellation at least two weeks before the date of your event. The entire deposit will be forfeited if any of the rules are broken, or you exceed the guest count originally requested. **Checks will be made payable to Copperleaf HOA.** No parties are allowed after the pool is closed at 8 p.m.

\$70.00 minimum is to be paid by the party holder. Two lifeguards are required for every twenty people (\$35 per hour, per lifeguard; two hour minimum). Please note that fee is non-refundable. The Management Company will schedule the lifeguard. The party holder will pay cash or check to the lifeguard at the start of your event. Refunds will not be given due to weather. It is the party holders' responsibility to cancel or reschedule, within 48 hours, if bad weather is a concern.

Homeowners Signature

Date

Management Company's Signature

Date

Form must be mailed along with \$100 check to:

Vista Management Associates, Inc.

8700 Turnpike Drive, Suite 230

Westminster, CO 80031

Phone: 303.429.2611

Office Use

Date Received: _____

Check #: _____ Amount: _____