



2192 DENTON GROVE
COLORADO SPRINGS
COLORADO 80919

Arbors at Mountain Shadows Condominium Owners Association, Inc.

CLUBHOUSE RESERVATION REQUEST

The undersigned Reserving Resident of the Arbors at Mountain Shadows submits this Reservation Request for the following date and time:

Date: _____ Time: From: _____ until _____

By signing below, the Reserving Resident acknowledges that he/she has read and understands the Clubhouse Rules for Use. The Reserving Resident additionally agrees to assume responsibility for ensuring that all guests will abide by the Clubhouse Rules for Use and that the reserved areas will be returned to the condition that existed at the pre-event inspection and will be completed by the end of the scheduled event.

Date _____ Signed _____ Print Name _____

Address: _____
Building Street Unit No.

Deposit of \$200.00, check no. _____ received on _____

by _____ for the Arbors at Mountain Shadows

Refund of _____ received on _____ by _____
Reserving Resident

Deficiencies, irregularities, damage of Reserved Areas noted at pre-event inspection: (If none, then so state.)

Deficiencies, irregularities, damage of Reserved Areas needing repair to restore Clubhouse to initial condition noted at post-event inspection: (If no action is required, then so state.)