



FACILITY USAGE AGREEMENT
Phase III Recreation Center

(1)	RESIDENT EVENT HOST:				
(2)	STREET ADDRESS:	CYPRESS, TX 77433			
(3)	PHONE NUMBER:	HOME:	CELL:		
(4)	EMAIL ADDRESS:				
(5)	RENTAL DATE & USE PERIOD:	DATE: / /	START TIME:	END TIME:	
(6)	DESCRIPTION OF EVENT:	ESTIMATED # OF GUESTS:			
(7)	SECURITY DEPOSIT: Check made payable to CCLS (no cash)	\$ 200.00	CHECK #:	REFUNDED:	DEPOSITED
(8)	Cleaning Fee Check made payable to CCLS (no cash)	\$200 Non-Refundable	CHECK #:	Non-Refundable	DEPOSITED
(9)	Usage Fee For CCL South Residents: Check made payable to CCLS (no cash)	\$30/HR	CHECK #:	REFUNDED:	DEPOSITED
(10)	Usage Fee For Non Profit: Check made payable to CCLS (no cash)	\$ 30/HR	CHECK #:	REFUNDED:	DEPOSITED
(11)	Usage Fee For All Others: Check made payable to CCLS (no cash)	\$ 50/HR	CHECK #:	REFUNDED:	DEPOSITED
(13)	ADMINISTRATIVE FEE: Check made payable to Crest	\$ 75.00 Non-Refundable	CHECK #:	Non-Refundable	DEPOSITED
(14)	ATTENDANT FEES: REGULAR RATE \$15/HOUR Payment by Money Order Only HOLIDAY RATE \$35/HOUR	\$	CHECK #:		
		\$	CHECK #:		
Attendant Assigned to Event:					

There is a two (2) hour minimum Monday through Thursday.
There is a four (4) hour minimum from 6:00 pm on Friday evening through Sunday.

*****HOLIDAY ATTENDANT RATES*****

Holiday rate effects the weekend before a weekday holiday that falls on a Monday or Tuesday and effects the weekend after a weekday holiday that falls on a Wednesday or Thursday:

- Good Friday/Easter
- Memorial Day
- July 4th
- Labor Day
- Any weekday or weekend between Nov. 15th – Jan. 5th



FACILITY USE/AGREEMENT
Phase III Recreation Center

CANCELLATION POLICY

Cancellation notice received within designated days prior to reserved private Use Period.	Forfeiture percentage of Facility Rental Fee and/or Attendant Fee.
7 – 13 days	25% Facility Rental Fee
2 - 6 days	50% Facility Rental Fee and 100% of Attendant Fee
Less than 2 days (48 hours)	100% Facility Rental Fee and 100% of Attendant Fee
No notice of cancellation	100% Facility Rental Fee and 100% of Attendant Fee

SECURITY DEPOSIT RETURN AND CLEANING POLICY

Security deposits are refundable if the following conditions are met.

1. The room and adjacent facility (including outside) are left in a clean and orderly manner.
2. Use of the room does not exceed the scheduled time and no additional attendant time was required.
3. All equipment is accounted for and undamaged.
4. No damages to the building inside, outside, or furniture.
5. If the usage exceeds the scheduled time, there will be a charge of \$75 for every 15 minutes.

If facility conditions are not met to the satisfaction of the Attendant per these guidelines and others listed within this packet, an appropriate fee will be deducted from the security deposit. If necessary, the Resident will be charged to cover any additional costs. The Resident is responsible for cleaning the facility in accordance with the CCLS *Rental Checklist*. Resident is to provide own cleaning supplies and materials. ALL trash must be collected and **removed** from the premises.

Resident and Guests shall observe all rules contained herein or referred to herein, not damaging the facilities, landscaping, or surrounding area in anyway, and leave the facilities, landscaping, and surrounding area clean from all trash and debris. All or part of the Security Deposit may be retained by CCLS to the extent necessary to cover the cost of any cleanup or damages to the facilities or the surrounding areas. In the event CCLS retains any portion of the Security Deposit the Resident shall be given an itemized account of the damages and/or repairs and associated costs. Excessive damage or repairs above the amount of the Security Deposit will be charged to the Resident's account. Failure to pay will result in loss of future facility use and or legal remedies as necessitated.

Resident Signature: _____ Date: _____



**FACILITY USEAGE AGREEMENT
Phase III Recreation Center**

FACILITY USE REGULATIONS

- _____ **ALCOHOL** is **not** permitted at the Rental Facilities, *any violation of this policy will result in forfeiture of deposit and possible further action taken against the Resident.*
- _____ **Resident** must remain on Premises during the Use Period and/or while facility is open, or guests are present.
- _____ **NO SMOKING** on premises (including covered porch and pavilion) and will result in the forfeiture of the Resident security deposit.
- _____ **NO PETS** are allowed on premises (including covered porch and pavilion) and will result in the forfeiture of the Resident's security deposit.
- _____ All sound amplifying equipment, speakers, etc., for the purpose of music and/or DJ services, shall be confined to the interior of the clubhouse facility and not be so loud as to disturb those utilizing the surrounding community facilities or amenities.
- _____ Only "damage free" hanging materials or devices such as "3M Command Strips" may be used. All balloons must be anchored. Any balloons that float to the ceiling and are not retrieved or become tangled in the ceiling fans are subject to forfeiture of a portion of the security deposit.
- _____ **Resident** agrees to take full responsibility and be liable for all actions of self and guests including any damage caused to Association property during the event.
- _____ **Resident** agrees the maximum number of guests permitted during the event is 125.
- _____ **Resident** is responsible for ensuring that all tables and chairs are clean and put away properly and they are returned to their proper location per the "**Storage Diagram**" located inside storage room.
- _____ Resident agrees the premises will not be used for religious or political purposes.
- _____ Resident agrees that no fees, admissions or cover charges of any nature shall be charged or collected from his/her attendees as a as a pre-requisite or condition of entering the premises.
- _____ Resident agrees to comply with all Municipal, State and Federal laws, statutes, ordinances, rules and regulations; all rules regulations of the Association; and all orders of the Board of Health or other authorities affecting the use of the premises.
- _____ Resident agrees not to have on the Premises any articles or things of dangerous, inflammable (*Sterno may only be used by caterer with certificate of insurance*), or explosive character that might increase the chance of eruption of fire on the Premises, or that ordinarily would be considered "hazardous" or "extra hazardous" by any responsible insurance company.
- _____ Resident will not use "Silly String" or other oil-based products on the premises.

_____ Resident will not use/burn any type of a candle product. Birthday candles are the *only exception*.

_____ **DO NOT DRAG TABLES AND/OR CHAIRS ACROSS THE FLOORS.** Table and chair carts are available to assist in moving the furniture. *Damage that occurs to the floor is the responsibility of the Resident.* **NOTE:** Tables and chairs that are provided by CCLS are **not allowed outside the facility.** **Be certain that all table legs are locked prior to use.**

Resident Signature: _____ **Date:** _____

Resident has read and understood the CCLS PRIVATE PARTY USAGE AGREEMENT & USE REGULATIONS and acknowledge that I have received a copy of these documents and further agree to the terms, conditions and charges set forth therein.

Resident Signature: _____ TDL#: _____



Professionally Managed By:
Crest Management

17171 Park Row, Suite 310
Houston, Texas 77084
Phone: 281-579-0761 - Fax: 281-579-7062

RENTAL CHECKLIST

PRE- RENTAL - Inspection date: _____

Inspection Time: _____

- | | |
|---|--|
| <input type="checkbox"/> Floors clean | <input type="checkbox"/> Kitchen Counter Tops clean |
| <input type="checkbox"/> Kitchen Oven Empty | <input type="checkbox"/> Microwave Empty |
| <input type="checkbox"/> Refrigerator Empty | <input type="checkbox"/> Bathroom floor clean |
| <input type="checkbox"/> Bathroom paper towel dispensers full | <input type="checkbox"/> Bathroom Toilet Paper Dispensers full |

COMMENTS: _____

Inspection by:

Resident Event Host: _____ CCLS Attendant : _____

POST RENTAL CLEAN-UP

Inspection date: _____ Inspection Time: _____

- | | |
|--|---|
| <input type="checkbox"/> Chairs stacked neatly and returned to storage | <input type="checkbox"/> Tables cleaned, folded, and returned to storage |
| <input type="checkbox"/> All decorations removed | <input type="checkbox"/> Floors clean (swept <i>and</i> mopped if required) |
| <input type="checkbox"/> Trash receptacles emptied and <u>removed</u> from Premises | <input type="checkbox"/> Kitchen oven empty |
| <input type="checkbox"/> All kitchen countertops clean | <input type="checkbox"/> Microwave empty |
| <input type="checkbox"/> Refrigerator empty | |
| <input type="checkbox"/> All decorations removed | |
| <input type="checkbox"/> Restroom floors clean (swept <i>and</i> mopped if required) | |

INSPECTION NOTES

Any damage, unreturned equipment, unclean areas, or additional time may result in forfeiture of your security deposit and/or denial of future rental use.

Inspection by:

Resident Event Host

CCLS Attendant