

Aberdeen Community Development District
Amenity Center Rental Application

On Web Staff Int.: _____ Date: _____

Name of Applicant: _____ Date: _____
 Organization (if applicable): _____
 Street Address: _____ City: _____ State: _____
 Daytime Phone: _____ Facility/Room Requested: _____
 Intended Use: _____
 Date Requested: _____ **Time (Check Box):** (10:00am-2:00pm) (2:00pm-6:00pm) Estimated Attendance: _____
 (6:00pm-10:00pm *Social hall only with additional staff fee*)

Will any portion of the event, including clean up, be held before or after the hours of operation set forth in the Policies Regarding District Amenity Facilities?
 _____ Yes (please complete an After Hours Addendum)
 _____ No

Alcohol to be served?
 _____ Yes (please complete an Alcohol Request Form)
 _____ No

I acknowledge that the service or consumption of alcohol at a private facility rental is subject to the Alcohol Policy as set forth in the Policies Regarding District Amenity Facilities and that I have read and agree to those policies. (Please initial). _____

I agree to indemnify and hold harmless the Aberdeen Community Development District ("District"), Aberdeen of St. Johns, LLC, Aberdeen, LLC and DR Horton, Inc., and their agents, supervisors, officers, directors, employees and staff from any and all liability, claims, actions, suits, or demands by any person, corporation or other entity, for injuries, death, property damage or damages of any nature, arising out of, or in connection with, the use of the Amenity Center. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

I have read, understand and agree to abide by all policies and rules of the District governing the Amenity Center. I acknowledge that failure to adhere to the District's policies and rules may result in the suspension or termination of my privileges to use the facility. I also understand that I am financially responsible for any damages caused by me, my family members, and/or my guests. If requested, I will obtain an event insurance policy naming the Aberdeen Community Development District, Aberdeen of St. Johns, LLC, Aberdeen, LLC and DR Horton, Inc., and their agents, supervisors, officers, directors, employees and staff as additional insured's.

 Signature of Applicant _____
 Date

I have read and understood the following (please initial each):

1. _____ There is a maximum capacity of fifty-four (54) persons in the Social Hall. The capacity of the Shade structure is eighteen (18) persons.
2. _____ The four (4) hour maximum time limit includes setup and clean up time and applies to all attendees. No persons are permitted in the Social Hall after midnight. Please schedule accordingly.
4. _____ Only one (1) room or portion of the Amenity Center is available for rental at any given time.
5. _____ Each Patron may rent a portion of the Amenity Center a maximum of four (4) times per calendar year.
6. _____ Use of the grill is open to all Patrons who wish to use it. Patrons renting a facility may reserve the grill, subject to the policies related to use of the grill. Please identify preferred time for grilling: _____
 You will be notified of any conflicts.
7. _____ The kitchen facilities (refrigerator, microwave oven, etc.) are to remain accessible to all Patrons. Additional tables and chairs are available upon request.
8. _____ Once the scheduled party is completed, all guests are required to exit. Upon conclusion of the event, standard guest policy applies (Five (5) guests per Patron during the operating hours published in the Policies Regarding District Amenity Facilities). The Patron shall be responsible for enforcement of this provision.
9. _____ The deposit check may be picked up only after the post-party checklist is completed. If all items on the checklist are satisfactorily completed, the check will be shredded within 48 hours if not timely picked up.
10. _____ The deposit check may not be returned, and additional fees may be assessed, if all items on the post-party checklist are not satisfactorily completed or if the event is not kept within the identified times.
11. _____ **Private events in the Social Hall shall be subject to surveillance via closed circuit television monitored by the District's security company.**

Deposit

Fee

Rental Fee:		Check Number:
Deposit Amount:		Check Number:
Extra Staff Fee:		Check Number:
Received By:		Receipt Number:
Approved By:		

**Please follow the cleaning guidelines below to ensure the area is returned to its original condition.
Staff will provide all cleaning supplies.**

SOCIAL HALL		POOL PAVILIONS	
	Wipe off counters, sink area, table tops, refrigerator, etc.		Wipe off table tops and chairs.
	Wipe out microwave and oven if used.		Clean up food and drink spills
	Clean up all food and drink spills.		Sweep and pickup all debris from pool deck.
	Floors: sweep, vacuum, and wipe all areas.		Empty garbage can and carry to dumpster in parking lot
	Empty garbage and carry to dumpster.		Replace garbage can trash bag
	Replace garbage can trash bag.		Return any "moved" furniture to its original location.
	Return any "moved" furniture to its original location.		Remove ALL party items and decorations used during the rental
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***Clean up must be completed by the end of the rental time or the deposit amount will not be returned. I understand that by following the above guidelines my entire deposit will be refunded.**

Renter Signature: _____ **Date:** _____

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FOR ADMINISTRATIVE USE ONLY

Post Rental Inspection Completed By: _____ **Date:** _____

Returned Deposit Check: Yes or No Initials: _____ **Date:** _____

NOTES: