



PARTY ROOM APPLICATION

I hereby request the use of the AKW Party Room and agree to abide by all of its Rules and Regulations, as outlined in the AKW Handbook.		
Name(s)	Phone Number	Unit #
Date of Application (at least 7 days in advance of event)		
Date of Event	Number of Attendees (maximum occupancy = 100)	
Scheduled Start Time	Scheduled End Time	
Non-Refundable Usage Fee Paid (\$100)	Date / staff	
Refundable Deposit Paid (\$150)	Date / staff	
Date / Time for Key Pickup (the morning of the event)		
Date / Time for Key Return (within 24 hours after conclusion of event)		

DEPOSIT WILL BE FORFEITED IF AMPLIFIED SOUND FROM THE PARTY ROOM CAN BE HEARD IN SURROUNDING AREAS OR ON THE GROUNDS.

The walk-through by AKW staff will occur following the event (and may occur the next day). If you wish to be present for the walk-through, please coordinate the time when reservation is made.

Acknowledgement – Read Carefully

I accept responsibility for all damages by participants to and all activities in the Party Room while key is in my possession. I acknowledge that the above guests may not use the billiard tables, exercise facilities or other recreational areas.

I hereby agree to indemnify and hold the Alexandria Knolls West Condominium Homes Council of Owners ("Council"), its officers, directors, members, employees and agents harmless against any and all claims or damages, including costs of defense and attorney's fees, resulting from the use of the Party Room by myself and my guests and invitees. I accept responsibility for control of the room and the actions of my guests and invitees until the key is returned and my guests and invitees have left the Condominium property. I acknowledge and agree that all claims and damages resulting from my use of the Party Room shall be assessed against my unit pursuant to Article V, Section 2 of the Bylaws if not paid within thirty days after receipt of a bill for the same.

In consideration of the use of the party room, I/we hereby indemnify and hold the Council and its officers, directors, members, employees and agents harmless from any and all claims or damages, including costs of defense and attorney's fees, arising from or in any way related to the serving or consumption of alcohol or controlled substances by persons attending or participating in the function for which I/we are using the AKW party room. I/we further accept responsibility to ensure that persons under the legal age for the consumption of alcoholic beverages and compliance with all state and local laws relating to the service and consumption of alcoholic beverages. I/we further acknowledge that cash bars are prohibited and fees to parties where alcoholic beverages are served are prohibited.

Name	Date	AKW Staff Signature
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PARTY ROOM APPLICATION

PARTY ROOM APPLICATION (continued)

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ BY: _____

PARTY ROOM KEY: Date/Time Released: _____ By: _____

To: _____

Date/Time Received: _____ By: _____

From: _____