



Community Center Lease Agreement

Responsible Resident

(Name) (Address) (Phone)

Function

(Day/Date) (Type) (Resident email)

(# of guests expected, cannot exceed 96)

Rental Fee & Refundable Deposit

\$200.00 _____ **\$500.00** _____
(Rental Amount) (Date Paid) (Check #) (Deposit Amount) (Date Paid) (Check #)

Date Walk-thru Info Emailed: _____ **Deposit Returned:** Y N **Date Returned:** _____

Any charges (including all applicable taxes) that are incurred for cleaning, damages or late key return must be paid by the homeowner within 7 days. Failure to pay will result in your HOA account being charged and your deposit check deposited to pay the balance in full. Any remainder of the deposit will be returned via check.

I, the undersigned, agree to abide by all rules contained in the lease agreement brochure provided to me as well as by the cleaning & decorating guidelines. I also agree to be responsible for the safety and welfare of all guests at the above function, and shall hold The Woods Community Association harmless from any and all claims, loss, or injuries that may be sustained during or by reason of this function. In addition, I agree to be responsible for any and all damage to association property that may occur during the function as well as following the function until such time as the keys thereto have been returned to the Clubhouse Managing Agent and the Clubhouse Managing Agent has inspected the center.

Please note that absolutely NO smoking is allowed in the center!

(Resident's Signature) (Date)