Remington Community Development District

Recreation Center Reservation Form

Name: _____
(Resident)

Residential Address: _____ **FL** _____
(Within Remington CDD) *Street Address* *City* *State* *ZIP Code*

Mailing Address: _____
(If different from Residential) *Street Address* *City* *State* *ZIP Code*

Phone: _____ Email: _____

Date of Reservation: _____ Time to be Reserved: _____ to _____
(4 hours maximum)

Number of Residents: _____ Number of Non-Resident Guests: _____

Reason for Renting: _____

WAIVER:
On behalf of myself and any guests attending this event, I/we understand that the Remington Community Development District and Remington Partnership assume no responsibility for injuries or illness that I/we may sustain as a result of physical condition or resulting from participation in any activities, sports, use of exercise equipment, or other activities. I/we expressly acknowledge on behalf of myself and my guests that I/we assume the risk for any and all injuries and illness that may result from participation in these activities. I/we hereby release and discharge the Remington Community Development District and Remington Partnership, its agents, servants, and employees from any claims for injury, illness, death, loss or damage that I/we may suffer as a result of participation in these activities. I/we understand that Remington Community Development District and Remington Partnership are not responsible for personal property lost or stolen while participating at the Remington Recreation Center, pool and sports facilities.

Signature: _____ Date: _____
(Resident)

POLICIES AND PROCEDURES:

I understand I will be charged a deposit and that I must return the room to its original condition and understand that any property damage will be deducted from my initial deposit (**Note:** any garbage MUST be taken with you at the end of the event, the CDD does not provide trash removal for events). If I notice any problems with the facility while setting up for the event, I understand that I need to notify Alan Scheerer (cell 407-398-2890) **before** the event. I am aware that I may be penalized for any guests over the amount stated above on this registration form. Any violation of these policies and procedures may result in permanent expulsion from any future use of the Recreation Center facilities. **IN AN ATTEMPT TO PRESERVE OUR RESIDENTS' PRIVACY, WE DO NOT PERMIT SOLICITATIONS OF ANY KIND IN THE COMMUNITY CENTER**.

Signature: _____ Date: _____
(Parent or Guardian if a minor)

PLEASE MAIL THIS FORM AND PAYMENTS TO:

Remington CDD
Attn: Recreation Center Reservation
219 E Livingston St
Orlando, FL 32801

PRICING:

Deposit: $200.00
AND
Guest Fee (Up to 25 people): $30.00
OR
Guest Fee (Up to 46 people): $40.00

FOR OFFICE USE ONLY:

Deposit of: $200.00 paid on: _____ via check _____

Guest fee of: _____ paid on: _____ via check _____