

# PROVIDENCE

## SWIM CLUB RESERVATION

### INCLUDED FOR YOUR USE ARE COPIES OF THE FOLLOWING DOCUMENTS:

1. Providence Swim Club Cabana Reservation
  - a. Fee Schedule and Rules-Agreement
  - b. Request
  - c. Rental Checklist

### TO RESERVE THE SWIM CLUB CABANA FOR A FUNCTION:

1. Please fill out and sign the following:
  - a. Providence Swim Club Cabana Reservation
    - i. Fee Schedule and Rules-Agreement
    - ii. Reservation Request
2. Return both forms via US mail to *Providence Swim Club* ATTN: Christina Campano.
3. Include the two (2) checks required.
4. Make personal copies of all submitted paperwork as needed.
5. Review Rental Checklist to understand cleaning deposit rules.
6. You will receive communication concerning approval.

### NOTE: CONTACT INFORMATION

GHERTNER AND COMPANY  
*Providence Swim Club*  
ATTN: Christina Campano  
555 Providence Way  
Mt Juliet, TN 37122  
615.773.0765

E-MAIL: [christina.campano@ghertner.com](mailto:christina.campano@ghertner.com)

CONCERNING CABANA RESERVATION

## PROVIDENCE SWIM CLUB CABANA RESERVATION FORMS

## **RESERVATION FEE SCHEDULE AND RULES AGREEMENT**

### **1. FEES** (Charged to homeowner when reservation request is filed)

- a. 1 to 50 guests - **\$50 (3 hours)**
- b. 50 to 100 guests - **\$100 (3 hours)**

**(NOTE: 100 persons is maximum allowed EXCEPT in case of Community Event)**

- c. Cleaning deposit - **\$300.00** (Fully/ partially refundable after proper clean up.)

**(Amount of refund determined by the policy of the board of directors)**

- d. Charge for lifeguards if event attendees will be swimming.

\* 1 to 25 guests = 1 lifeguard required at **\$25.00 per hour** (1.5 hour minimum charge)

\* 26 to 60 guests = 2 lifeguards required at **\$50.00 per hour** (1.5 hour minimum charge)

\*61 to 100 guests = 3 lifeguards required at **\$75.00 per hour** (1.5 hour minimum charge)

\*\*Plus One **Additional** lifeguard required at **\$25.00 per hour** (1.5 hour minimum charge)

*(if the group includes teenage or special needs individuals)*

### **2. RULES**

a. Swim Club reservations, for **non-exclusive** use, are on a first come, first serve basis. ***(Request must be submitted at least two weeks prior to the date desired.)***

b. Swim Club may be reserved **ONLY** by Providence Residents. (Residents must sign all forms and pay all fees.)

c. Providence resident making reservation must be present at all times during the reserved time.

d. Swim Club reservations are for a period of **NO MORE THAN FOUR (4) hours**. Thirty minutes is allowed for set-up/clean up.

e. Providence resident and guests agree to abide by Rules of Providence Swim Club.

f. Providence resident is responsible for any damage caused during time of use.

g. Providence resident will **remove** all trash generated by the event from the premises.

h. Providence resident and guests **DO NOT** have exclusive use during regular pool hours.

i. Functions of more than 100 guests are prohibited. (Providence HOA Social Committee exempted)

j. Providence resident agrees to supply a **minimum** of (1) one adult chaperone for each (10) ten persons under the age of 21.

k. No excessively loud music is allowed.

**I. Alcoholic beverages, Glass containers, Flammables, and \*Pets are prohibited.**

**\*exception of service animals\***

### **3. DEFINITIONS**

a. Providence resident is any permanent resident who is a member of the Providence Home Owner's Association, paying full dues to the association, and currently not 30 days or more behind in payment of those dues.

b. Swim Club as used in this document includes the parking lot, picnic area, playground, pool/s, pool decks, kitchenette, and patio area.

~~~~~  
I have read and agree to abide by the rules and fees set forth in this agreement.

I agree to pay all fees deposits and additional charges to the Providence Home Owners Association via Ghertner and Company at the signing of this agreement.

\_\_\_\_\_  
(Print) Name of responsible Providence Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of responsible Providence Resident

\_\_\_\_\_  
Phone Number

Send this request upon completion to Ghertner & Company at [christina.campano@ghertner.com](mailto:christina.campano@ghertner.com)

**RESERVATION REQUEST**

**EVENT INFORMATION**

Date of Event \_\_\_\_\_ Hours \_\_\_\_\_

Type of Event \_\_\_\_\_ Number of Guests \_\_\_\_\_

Will any guest/s be using the pool? YES or NO (Circle Answer)

**HOMEOWNER INFORMATION**

Name of Providence Resident (Print) \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**FEES/CHARGES AND DEPOSITS INCLUDED (REQUIRES 2 CHECKS)**

Usage fee (1-50 persons) **\$50.00** = \_\_\_\_\_

**OR**

Usage fee (51-100 persons) **\$100.00** = \_\_\_\_\_

Charges for lifeguard/s (If any guests will be using the pool – YES above)

1-25 guests (1 lifeguard) **\$25.00** x \_\_\_\_\_ hrs = \_\_\_\_\_

**OR**

26-60 guests (2 lifeguards) **\$50.00** x \_\_\_\_\_ hrs = \_\_\_\_\_

**OR**

61-100 guests (3 lifeguards) **\$75.00** x \_\_\_\_\_ hrs = \_\_\_\_\_

**AND**

Charge for one additional lifeguard **\$25.00** x \_\_\_\_\_ hrs = \_\_\_\_\_

(If the group includes teenage or special needs individuals)

**TOTAL FEES/CHARGES INCLUDED (CK NO: \_\_\_\_\_ ) \$ \_\_\_\_\_**

*\*Make check payable to: Providence HOA*

**USAGE DEPOSIT INCLUDED (CK NO: \_\_\_\_\_ ) \$ 300.00**

*\*Make check payable to: Providence HOA*

**ASSOCIATION USE (Only)**

Lifeguards Scheduled \_\_\_\_\_

Fees/Charges Collected \_\_\_\_\_

| Inspection List |                                           | Clean pre-inspection |    | Clean post-inspection |    |
|-----------------|-------------------------------------------|----------------------|----|-----------------------|----|
|                 |                                           | Yes                  | No | Yes                   | No |
| <b>1</b>        | <b>Kitchenette</b>                        |                      |    |                       |    |
|                 | Counter tops clean                        |                      |    |                       |    |
|                 | Sink clean                                |                      |    |                       |    |
|                 | Floor and walls clean                     |                      |    |                       |    |
|                 | Trash cans clean with empty bag           |                      |    |                       |    |
|                 | Refrigerator clean inside and out         |                      |    |                       |    |
| <b>2</b>        | <b>Bathrooms</b>                          |                      |    |                       |    |
|                 | Toilet paper in stalls                    |                      |    |                       |    |
|                 | Paper towels in dispenser                 |                      |    |                       |    |
|                 | Sink clean                                |                      |    |                       |    |
|                 | Floor and walls clean                     |                      |    |                       |    |
|                 | Toilets and urinals clean                 |                      |    |                       |    |
|                 | Trash cans clean with empty bag           |                      |    |                       |    |
|                 | Patio floor clean and free of loose trash |                      |    |                       |    |
| <b>3</b>        | <b>Patio</b>                              |                      |    |                       |    |
|                 | Trash cans clean with empty bag           |                      |    |                       |    |
|                 | Patio floor clean and free of loose trash |                      |    |                       |    |

The undersigned renter was present at both the pre-inspection and the post-inspection. The renter understands that 50% of the cleaning deposit will not be returned to the renter if three or fewer items above noted as clean during the pre-inspection are not clean at the post-inspection. The renter understands that 100% of the cleaning deposit will not be returned to the renter if four or more items noted above as clean during the pre-inspection are not clean at the post inspection.

**Agreed and understood**

|                             |  |     |  |        |  |
|-----------------------------|--|-----|--|--------|--|
| Pre-Event Inspection Date:  |  | By: |  | RENTER |  |
| Post-Event Inspection Date: |  | By: |  | RENTER |  |

Deposit Refunded (After receipt of rental checklist) \_\_\_Y \_\_\_N

If not, explain \_\_\_\_\_