

**FACILITIES REQUEST FORM**

Person or organization requesting: \_\_\_\_\_ Date \_\_\_\_\_

Person responsible for event \_\_\_\_\_

Phone number \_\_\_\_\_

Email address (if applicable) \_\_\_\_\_

DATE/DATES OF EVENT \_\_\_\_\_

TIMES: Start \_\_\_\_\_ (AM/PM) End \_\_\_\_\_ (AM/PM)

Nature of event: \_\_\_\_\_ (Private)  
\_\_\_\_\_ (Open to all Cove Residents/Owners)  
\_\_\_\_\_ (Open to the public)

Describe event briefly: \_\_\_\_\_

Expected number of attendees: \_\_\_\_\_

Facilities requested (check all that apply):

- \_\_\_ Community Center (inclusive of bathrooms/kitchens)
- \_\_\_ Pool Area
- \_\_\_ Outside area (playground/basketball court, etc)
- \_\_\_ Other (specify)

**GUIDELINES FOR USE OF COMMUNITY CENTER:**

1. Complete facilities request form to reserve community center
2. Rental Cost/Refundable Deposit Cost:
  - a. Trinity Cove Residents/Property Owners - \$50 per day/\$50 Deposit
  - b. Non-Residents - \$150 per day/\$150 Deposit
3. All groups using facilities are responsible for thoroughly cleaning all areas used for events and bagging up garbage (including bathrooms and outside venues). Placement of all garbage should be placed in designated area for pickup by the maintenance crew. Failure to clean appropriately will result in forfeit of deposit or discontinued use by group/person.
4. Supplies in the kitchen are for Cove use only unless included in arrangements.
5. Tables, chairs and equipment used during the event will be placed in the original location(s).
6. Upon completion of the event, the AC/Heat shall be turned off, all lights turned off and all doors locked.
7. Equipment or items broken or damaged during the event should be reported within 24 hrs to Event Chair and will be replaced or reimbursed to the Events Committee within 2 weeks of the event.
8. An inspection of facilities will occur by the event chair after the event to ensure all facilities are in their original condition and cleaned appropriately before deposit is returned. Failure to leave facilities in original condition may lead to forfeiture of part or all of deposit.

I have read the guidelines and agree to abide by them:

Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Event Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY EVENTS COMMITTEE USE ONLY**

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
Date: \_\_\_\_\_

Fee Assessed: \_\_\_\_\_(Yes/No) Amount: \$ \_\_\_\_\_  
Deposit: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_(Cash/Check)

Signature of Committee Chair: \_\_\_\_\_  
Date: \_\_\_\_\_