

COLONNADE CABANA RESERVATION REQUEST

Five Hours Maximum to be determined by resident

NAME:

BLDG/UNIT:

TODAY'S DATE:

DATE REQUESTED:

TIME:

PEOPLE (LIMIT 25):

REASON:

A guest list must be submitted to the office at least 48hrs prior to party date.
By signing you agree that you have read and understand the rules as they apply. See attached sheet.

\$125 Check Received

Signed (Resident):

Signed (Manager):

*Please note until the guest list and deposit are received by our office staff your reservation can not be approved.