

Colonnade Game Room Reservation Request  
Five Hours Maximum to be determined by resident.

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NAME:

\_\_\_\_\_

BLDG/UNIT:

\_\_\_\_\_

TODAY'S DATE:

\_\_\_\_\_

DATE REQUESTED:

\_\_\_\_\_

TIME:

\_\_\_\_\_

PEOPLE (LIMIT 40):

\_\_\_\_\_

REASON:

\_\_\_\_\_

A guest list must be submitted to the office at least 48hrs prior to party date.

I have read and understand the rules as listed on the attached sheet.

\$125.00 Deposit 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.