Sugarwood Homeowners Association
Recreation Reservation Form

This form is to ensure you, the Member, a reservation if available, but not exclusive use and the reasonable assurance that all safety rules and facility policy are adhered to for all member's benefit.

Date of Reservation Request: _____ Date of Event: _____

Member Name: _____ Phone No: _____

Address: _____ Event Start and End Time: _____

Type of Event: _____

Mark all that appy:

Outside Pavilion: _____ Inside Pavilion: _____ Use the Pool: _____ Grill: _____ Fire Pit:

Number of People 21 and older: ____ Number age 11-21_____ Children 10 and under:

If you plan to use the pool, total number of swimmers during your party: _____

1. Parties may be scheduled for anytime during Rec. area open hours of 8:00 a.m. and 10:00 p.m. (outside pavilion) or advertised pool operating hours but must end (including clean-up) 30 minutes prior to these closing times.

2. Only adult SHA Home Owners in good standing may host parties at the Rec. area and must be in attendance during the entirety of the event. Non-SHA member guest may attend only during the hours of the event. All rules, guidelines and policies apply.

3. A refundable deposit check of $250 payable to SHA prior to an event. This $250 deposit is refundable if no damage has been done to pool or area property, the area is cleaned up following the event, and lifeguard fees have been paid.
   *SHA Member will be fully responsible to pay for any and all damages not covered by the initial deposit amount.

4. Separate Lifeguards ($10/hour) must be hired for **all** parties with pool use and meet the following criteria:
   - Current Sugarwood Lifeguard
   - One guard for up to 25 persons; two lifeguards for 26 to 35 persons
   - Maximum number of guests not to exceed 35 persons

5. No Glass or Ceramic items of any kind are permitted in the pool area.
6. No Alcoholic Beverages are permitted in the pool and facility area.

Please sign and acknowledge that you have read the rules applicable to parties and the pool.

_____ Date Deposit Paid: _____

Signature of Member Date Deposit Paid: Check #_____

_____ _____

Signature of Pool Manager, LG, or BOD Date Deposit Return Approval and Date

PLEASE CONFIRM AND SUBMIT YOUR RESERVATION AT THE POOL OFFICE OR MAIL TO THE FOLLOWING ADDRESS:
PO Box 22702, Farragut TN 37933