

GARDEN COVE RESIDENCE ASSOCIATION INC.  
CLUB HOUSE REQUEST

SHAREHOLDER'S NAME \_\_\_\_\_

PARK ADDRESS \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

-----  
FOLLOWS:REQUEST AS

DATE OF USE \_\_\_\_\_

TIME: FROM \_\_\_\_\_ (AM) (PM) TO \_\_\_\_\_ (AM) (PM)

ACTIVITY \_\_\_\_\_

APPROXIMATE NO. ATTENDING \_\_\_\_\_

PLEASE REMEMBER THE FOLLOWING:

YOU ARE RESPONSIBLE FOR YOUR GUEST.

WE REQUEST THAT THE GANE ROOM BE LEFT AVAILABLE AT ALL TIMES FOR RESIDENTS, SO YOU NEED TO CONFINЕ YOUR ACTIVITIES TO THE FRONT PART OF THE CLUBHOUSE.

TRASH NEEDS TO BE TAKEN TO YOUR ADDRESS SINCE COLLECTION IS ONLY MADE AT RESIDENCE IN THE PARK.

NO SMOKING IN CLUB HOUSE.

I HAVE READ AND AGREE TO THE ABOVE. SIGNED \_\_\_\_\_

THANK YOU AND ENJOY YOUR TIME WITH YOUR SPECIAL FRIENDS.

MAIL, FAX, OR E-MAIL TO  
ISLAND MANAGEMENT ARLENE O'NEILL  
16956 McGREGOR BLVD # 1  
FORT MYERS FL. 33908  
FAX (239) 454-1134 TEL (239) 454 3525 E-MAIL [arlene@islandmgmt.com](mailto:arlene@islandmgmt.com)

BOARD APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_