

Windrush Bay Condominium Association
Clubhouse
EVENT REQUEST FORM

Name_____

Address_____

Date of Event_____

Time of Event_____ to _____

Type of Event_____

Number of people expected_____

Not to exceed 60 people

Coffee pots needed. Yes_____No_____

I have read and agree to the clubhouse guidelines.

Signature Date

Deposit received_____

check ____ cash_____

Date of Deposit returned_____