

LEGACY WEST CONDOMINIUMS

c/o Assured Real Estate
PO Box 530778
Henderson NV 89053

Clubhouse Reservation Request

Date:

Name

Address

Contact Telephone _____

Date / Dates Requested _____

Hours Requested _____

Type of Function _____

Approx. Number in Party _____

Deposit Paid _____ (\$500.00) refundable
Check # _____

Cleaning Fee Paid _____ (\$150.00) non-refundable
Check # _____

- I /We have read and understand the Clubhouse Policy and Rental Procedures
- Failure to obey these policies and procedures may result in the activity being shut down early and fines being issued.
- I/We undersigned do hereby release, absolve, indemnify, and hold harmless Legacy West Condominium Association, and Assured Real Estate, its officers, employee and agents from all claims whatsoever arising from the rental of the Clubhouse at Legacy West Condominium Association on the above dates.

Signature:

Date: