



1969 SOUTH ALAFAYA TRAIL # 413  
ORLANDO, FLORIDA 32828  
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Preserving & enhancing your way of life.

**PICNIC PAVILION RESERVATION FORM**  
PLEASE PRINT ALL INFORMATION

RESIDENT NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

DATE OF FUNCTION:

TYPE OF FUNCTION:

BEGINNING TIME:

END TIME:

(Maximum of 3 hours)

TOTAL NUMBER OF PEOPLE:

WESTGATE PARK ~ or ~ CENTRAL PARK

(Circle one)

1. Reservation of the pavilion/park is on a first come, first serve basis.
2. Reserving the pavilion cannot and will not prohibit or restrict the use of the park by other Eastwood residents.
3. **A refundable deposit of \$50.00** must be received with this completed form before reservation is confirmed. The fee must be paid in the form of check or money order made payable to Eastwood Community Association.  
**NO CASH WILL BE ACCEPTED.**
4. The resident must be in attendance during the function at all times and is responsible for the actions of all guests. The number of attendees is limited to 25 people (including the residents) and all functions must be over by dusk.
5. Noise must be kept to a reasonable level. NO LIVE MUSIC, Bounce House, Grills or DJ's are permitted.
6. The resident will be held financially responsible for all damages, any misuse, mishandling or unauthorized utilization of Association property. The pavilion/park must be cleaned immediately upon conclusion of the event. A walk through of the premises will be conducted no later than the following morning.
7. Any clean up needed as a result of this event will result in the forfeiture of the ENTIRE DEPOSIT.
8. **The consumption of alcohol while in the pavilion/parks is prohibited.**
9. **All facility rules and guidelines must be observed.**
10. Central Park and Westgate Park hours are 6:00am – 8:00pm March thru November and 6:00am – 6:00pm December thru February.

Any violation of these rules may result in the denial of future use of the pavilion/park. If additional monies are required to restore the pavilion/park to its condition prior to this event the Association reserves the right to recover all damages or cleaning fees incurred from the resident named above. If legal action is required to enforce the terms of this agreement, all costs incurred with such action, including reasonable attorney fees will be sought against the signer below.

**I hereby attest that the above information is correct and I have read and agree to abide by these rules.**

SIGNATURE OF RESIDENT:

DATE:

RECEIVED BY:

DATE:

