

LARGE GROUP REQUEST FORM

RESPONSIBLE PROPERTY OWNER: _____

ADDRESS: _____

SUBDIVISION: _____ LOT # _____

TELEPHONE #: _____

DATE OF FUNCTION: _____

TIME OF FUNCTION: _____
start end

PLACE OF FUNCTION: _____

TYPE OF FUNCTION: _____

ESTIMATED NUMBER OF GUESTS: _____

ESTIMATED NUMBER OF VEHICLE PASSES: _____

_____ Responsible Member must provide the L.C.P.O.A. office with a copy of Proof of Insurance listing the L.C.P.O.A. as "**AN ADDITIONAL INSURED**" for the day of the event. (said policy copy is attached to this form)

_____ Alcohol will not be served at this event.

_____ The restrooms do not have an electrical outlet on the outside of the building. Please check here if you will need an extension cord to run from the building.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ALL PARTIES ATTENDING THIS EVENT. I also agree to hold Lake Columbia Property Owners Association (known as LCPOA) harmless for suits alleging sole negligence against property owner/member or joint negligence of property owner/member and LCPOA.

Responsible Member - SIGNATURE

DATE

CC: SECURITY

L.C.P.O.A.