

**THE CAPES HOMEOWNERS ASSOCIATION, INC.**

**BRIDGE HOUSE RESERVATION FORM**

Reservation requests must be received at least two (2) weeks in advance of the date being requested, and must be accompanied by a \$100 refundable cleaning deposit.

Name of Requesting Owner: \_\_\_\_\_

Capes Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Purpose of Special Use: \_\_\_\_\_

\_\_\_\_\_

Date(s) of request: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Maximum number of people attending: \_\_\_\_\_

(Maximum Bridge House occupancy: 35)

**By signing below, I, as the homeowner, agree that I have adequate insurance to cover accidents or injuries that may occur during my use of The Capes Bridge House, and that in the event of any accidents or injuries The Capes Homeowners Association, Inc. shall be held harmless.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date