



Hawkesbridge

P.O. Box 393 Perrysburg, OH 43552

CLUBHOUSE RESERVATION REQUEST

Requested Date: _____

Deposit of \$100.00 received on this date: _____ Cash _____ Check# _____

Name: _____ Phone# _____

Address: _____

Reason for Reservation: _____

Number of people invited to this event: _____ Fire Code Limit is: _____ 65'

As a Hawkesbridge Unit Owner requesting this reservation, I will be in attendance at this event. I have received a copy of the Clubhouse Rules and the Checklist to be followed for clean up after the event.

Signature of Unit Owner _____

HAWKESBRIDGE CONDOMINIUM UNIT OWNERS ASSOCIATION IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS OR FOR ANY LIABILITY OR DAMAGES TO PERSONS/PROPERTY OF THOSE ATTENDING THIS EVENT.

Results of after party inspection: _____
