

UNIT# \_\_\_\_\_



# VILLA REGINA ASSOCIATION, INC.

## COMMON AREA RESERVATION PACKET

**All documents must be legible faxed or incomplete applications  
will not be accepted.**

UNIT# \_\_\_\_\_

Unit#		Date:	
Legal Owner Name("Owner")		(Circle One) Individual/Corp/LLC/Partnership	
Primary Resident/Occupant Name:		(Circle One) Owner/Lessee	
Home Phone:	Office Phone:	Cell Phone:	
Fax:	Email:		
Mailing Address:			

I'm requesting approval for reservation of the ( ) **Cafe Regina** ( ) **Briggs Room** ( ) **Kings Room**

What is the occasion? (i.e. dinner party, wedding, etc.) \_\_\_\_\_

The Event will take place on Date: \_\_\_\_\_

From (time): \_\_\_\_\_ (am/pm) To (time): \_\_\_\_\_ (am/pm)

Number of expected guest: \_\_\_\_\_

Number of expected cars: \_\_\_\_\_

The Association will provide at my own cost \_\_\_\_\_ additional Valet Parking attendants, the cost for the valet attendants will be \$15.00 per hour per attendant. **(Please note to count ½ hour before event and ½ hour after event)**

**The Association will provide at my own cost \_\_\_\_\_ additional Security Guard at a cost of \$100.00.**

Schedule time and date for walk-through prior to event: \_\_\_\_\_ am/pm Date: \_\_\_\_\_

Schedule time and date for walk-through after event: \_\_\_\_\_ am/pm Date: \_\_\_\_\_

I acknowledge, understand and agree that arrangements to reserve the any of the above rooms for private affairs must be made with the Administration Office at least one (1) week in advance to the party or reception.

I acknowledge, understand and agree that the following requirements and restrictions will apply to parties in the common areas:

a) **A \$2,000.00 common area security deposit is required for activities in the common area. This will be returned immediately after inspection of the area. Any damages will be deducted from the security deposit. If there are any damages exceeding the deposit, the party sponsor shall be responsible for any additional costs. Villa Regina Management Office must receive a security deposit in the amount of \$2,000.00 dollars with this request for reservation of the facilities in order to hold the date for my event for the type of function stated above (Check for Security Deposits must be written on a United States funded account). Check#: \_\_\_\_\_**

**b) A non-refundable cleaning fee will be assessed for each even as follows:**

1 – 10 guest	\$ 50.00	Check#	_____
11 – 30 guest	\$100.00	Check#	_____
31 - Plus guest	\$150.00	Check#	_____

- c) No live music is permitted without the written permission of the Board of Directors.
- d) Alcohol may not be served or used in lobby areas without the prior written permission of the Board of Directors. No underage consumption of alcohol is allowed. NO EXCEPTIONS.
- e) Only one party, per room, per night will be permitted in the commons area rooms.
- f) The Property Manager must receive a full guest list at least seventy-two (72) hours in advance of the event. The Management must know the numbers of people attending each event.
- g) Any owner or lessee having a group of ten(10) or more persons in his/her unit must notify the office in writing and provide a guest list so that valet and security may be scheduled. In fairness to all owners, guest in any of the common area rooms shall not be permitted to extend the party to the lobby or reception area.
- h) Unless approved by the Management Office, parties will not be permitted in the pool area or other recreation facilities. If the pool area is reserved and approved for a party, other owners and non-guest will be permitted use of the pool area during the party.
- i) Continues adult supervision is required for all teenagers or children’s parties.
- j) No candles are allowed due to potential fire hazards.
- k) No confetti shall be permitted.
- l) Furniture cannot be relocated to the terrace. If you wish to arrange the furniture inside the room, it is your sole responsibility to do so; the Association staff is not available to assist in preparations for social events during working hours.
- m) The security guard on duty will have the right to inspect the meeting room at any time during the event.
- n) You must abide by the City of Miami noise regulations that are in effect from 11:00PM to 7:00AM

**o) The following are the Valet Parking requirements for social events in the meeting room, which will be assessed as follows:**

10 - 20 cars	1 additional Valet	Check#:	_____	Hours:	_____
20 - 30 cars	2 additional Valet	Check#:	_____	Hours:	_____
30 - 40 cars	3 additional Valet	Check#:	_____	Hours:	_____
40 -	4 additional Valet	Check#:	_____	Hours:	_____

**Please note that the total of 40 parking spaces is the maximum allowed per event.**

- p) An additional security guard is required for a social event of 20 persons or more.

UNIT# \_\_\_\_\_

q) Social events in units. Unless approved by the board of Directors, the following are limitations of guest per unit:

- 1 Bedroom                      8 Guest
- 2 Bedroom                     10 Guest
- 3 Bedroom                     12 Guest
- 4 bedroom                     14 Guest

I will conduct a fifteen (15) minute walk through with a Management representative or security staff before and after the event to review the conditions of the facilities that include the room used and the access areas to the room. I understand that certain circumstances, such as damaged caused by myself or persons attending or assisting in the event could increase the time for the after event walk through.

I acknowledge, understand and agree that disturbing noise levels whether conversation or music will not be allowed, that decorations requiring attachments to walls will not be allowed, including thumb tacks, tapes, staples, etc. I acknowledge, understand and agree that I am responsible for the room cleanliness including the access areas and for disposing all garbage in appropriate refuse containers.

I acknowledge, understand and agree that I will abide by the rules and regulations for the acknowledgments for the use of the room and access areas requested above, for all the above acknowledgements, understanding and agreements and for all other rules governing condominium living at Villa Regina.

I acknowledge, understand and agree that my failure to comply with the above acknowledgements, understanding and agreements and other related condominium rules and regulations will result in the forfeiture for my **\$2,000.00** security deposit and that I will reimburse Villa Regina Condominium Association which were caused by my failure to comply.

I acknowledge, understand and agree that if any damage occurs during this function, Villa Regina Condominium Association, will bill me and I will pay repairs of such damage in excess of the \$2,000.00 dollars. And further agree that such excess damage may be invoiced through my assessment account with all collection privileges currently in place for this account.

I read, I acknowledge, I understand and I agree with all the above.

\_\_\_\_\_  
Unit Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name(Print)

\_\_\_\_\_  
Management Representative (Print)

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Management Representative (Sign)

UNIT# \_\_\_\_\_

## SECURITY SERVICE REQUEST

From: Resident Name: \_\_\_\_\_

Villa Regina Unit Number: \_\_\_\_\_

Resident Telephone Number: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: From: \_\_\_\_\_ ( )am ( )pm to: \_\_\_\_\_ ( )am ( )pm

# of Guest: \_\_\_\_\_

***An additional security guard is required for a social event of 20 persons or more.***

***In order to secure security services, it must be contracted no less than 72 business hours in advance of the event.***

The Association will provide at my own cost \_\_\_\_\_ additional Security Guard at a cost of \$100.00.  
I understand, accept and agree to the above noted conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature:

Please complete this form and submit to building administration a minimum of 72 business hours in advance.

UNIT# \_\_\_\_\_

## VALET PARKING REQUEST

From: Resident Name: \_\_\_\_\_

Villa Regina Unit Number: \_\_\_\_\_

Resident Telephone Number: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: From: ( ) am ( ) pm To: ( ) am ( ) pm

# of Guest: \_\_\_\_\_

# of Cars: \_\_\_\_\_

10 - 20 cars	1 additional Valet	Hours: _____
20 - 30 cars	2 additional Valet	Hours: _____
30 - 40 cars	3 additional Valet	Hours: _____
40 - 44 Cars	4 additional Valet	Hours: _____

In order to secure valet services, it must be contracted no less than 72 business hours in advance of the event. One additional attendant will be provided for every 10 cars parked at Villa Regina.

**Villa Regina can only accommodate 40 cars, 40 plus vehicles will require off-site parking through U.S. Parking with the following charges:**

**One additional attendant will be provided for every twenty (20) cars. U.S. Parking will invoice \$15.00 per hour for valet attendants. Please calculate 1/2 hour before and 1/2 hour after the event.**

Should the number of vehicle of vehicles parked exceed the number provided to us, the Villa Regina and /or U.S. Parking will invoice per extra vehicle.

I understand, accept and agree to the above noted conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature:

*Please complete this form and submit to building administration a minimum of 72 business hours in advance.*

UNIT# \_\_\_\_\_

POST-EVENT CHECKLIST

ITEM	GOOD CONDITION	BAD CONDITION	COMMENTS
Carpet/Wood floor/Tile			
Electrical Outlet			
Glass Doors			
Light Switches			
Kitchen			
Furniture			
Bathroom			
Refrigerator			
Walls(Interior)			
Walls (Hallway)			
Elevator Glass			
Bars			
Blinds			
Table/Chairs			
Terrace			
Icemaker/Chiller			

**Management use only:**

**NOTE:** This is not a final inspection; it will be done the following day by management.

Was decoration removed? \_\_\_\_\_

Was the furniture removed? \_\_\_\_\_

Was garbage picked up? \_\_\_\_\_

\_\_\_\_\_  
Resident Name (Print Name)

\_\_\_\_\_  
Management Approval (Print Name)

\_\_\_\_\_  
Resident Name (Signature)

\_\_\_\_\_  
Management Approval (Signature)

\_\_\_\_\_  
Unit#

\_\_\_\_\_  
Date:

UNIT# \_\_\_\_\_

**MUSIC REQUEST FORM**

Unit#		Date:	
Legal Owner Name("Owner")		(Circle One) Individual/Corp/LLC/Partnership	
Primary Resident/Occupant Name:		(Circle One) Owner/Lessee	
Home Phone:	Office Phone:	Cell Phone:	
Fax:	Email:		
Mailing Address:			

I/we request music to be played during my event in the ( ) **Café Regina** ( ) **Briggs** ( ) **Kings on:**

Date: \_\_\_\_\_ From (time): \_\_\_\_\_ ( ) am ( ) pm  
*(Not to exceed 12:00am) (Sundays not to exceed 10:00pm)*

When will entertainment equipment be delivered: \_\_\_\_\_ Picked up? \_\_\_\_\_

The Type of equipment to be used and type music to be played:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the music will be played at a reasonable volume not to disturb the building residents. If at any moment the music is interfering with the rights, comfort, or convenience of other residents the equipment will be shut down immediately.

\_\_\_\_\_  
Resident Name (Print Name)

\_\_\_\_\_  
Management Approval (Print Name)

\_\_\_\_\_  
Resident Name (Signature)

\_\_\_\_\_  
Management Approval (Signature)

\_\_\_\_\_  
Unit#

\_\_\_\_\_  
Date:



UNIT# \_\_\_\_\_

***FURNITURE DELIVERIES CATERING/ENTERTAINMENT***

**1. Tables and chairs rental from an outside company:**

Company Name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Delivery date: \_\_\_\_\_ Delivery Time: \_\_\_\_\_

Pick up date: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

**2. Tables and chairs from Villa Regina inventory (No Cost).**

Villa Regina Tables: Round: \_\_\_\_\_ Rectangular: \_\_\_\_\_ Chairs: \_\_\_\_\_

**3. Catering company Information:**

Company Name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Delivery date: \_\_\_\_\_ Delivery Time: \_\_\_\_\_

Pick up date: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

**NOTE:**

***LIABILITY INSURANCE IS MANDATORY FOR ALL VENDORS, EVEN THOSE SUBCONTRACTED THROUGH THE CATERER/PARTY PLANNER. (MINIMUM OF 500K COVERAGE)***

ITEM	HOW MANY	ITEM	HOW MANY

\_\_\_\_\_  
Resident Name (Print Name)

\_\_\_\_\_  
Management Approval (Print Name)

\_\_\_\_\_  
Resident Name (Signature)

\_\_\_\_\_  
Management Approval (Signature)

\_\_\_\_\_  
Unit#

\_\_\_\_\_  
Date:

UNIT# \_\_\_\_\_

*LINEN RENTALS*

Villa Regina Unit Number: \_\_\_\_\_

QTY	Description	Cost Per Item	Total Cost
	120" Ivory table cloth (polyester)	\$19.50 each	
	72x120" Ivory Rectangular Tablecloth	\$19.50 each	
	Ivory Table Skirt - 14'	\$30.00 each	
	Ivory chair covers (polyester)	\$ 4.50 each	
	Gold Napkins (polyester)	\$ 1.25 each	
	Gold Runner (polyester)	\$ 4.00 each	
		GRAND TOTAL	

Check# \_\_\_\_\_

Check Amount: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_