

Park Reservation Form

Event Information

Date Requested: _____ Start & End Time: _____

Event Type: _____ Park Requested: _____

Event Description: _____

Number of people attending: _____

Responsible party (you must be a Dreaming Summit Resident):

Name: _____ Mobile Phone: _____

Address: _____ E-mail: _____

- **Include insurance certificates from any companies supplying bounce toys or equipment, naming the association an additional insured.**
- **Attach a copy of your Homeowners Insurance declaration page.**
- **A \$100 REFUNDABLE SECURITY DEPOSIT is required (personal/cashier's check only-payable to Dreaming Summit).**

NOTE: Company or organizational use requires proof of insurance and an insurance certificate.

Association Contact Information:

Brandy Dean - Community Manager

Office: (480) 314-7011

E-mail: brandy.dean@fsresidential.com

Or

Reachelle Haywood Assistant - Community Manager

Office: (480) 314-7010

E-mail: reachelle.haywood@fsresidential.com

Please complete the Reservation Form and send this information to the Community Manager at least one week prior to the requested use date. **Providing this information does not secure permission to use the park facility.** You will be notified concerning the status of your request by the Community Manager within two (2) business days.

Thank you,

Dreaming Summit Homeowners Association