PLAZA DEL PRADO CONDOMINIUM ASSOCIATION, INC



GRILL RESERVATION FORM

Resident's Name:	Tower:	Unit:
USE OF THE GRILL IS FOR RESIDENTS ONLY: I	request approval to use the grill for a priva	te function on
between the hours of:		Date
	Grill Reservation Times (Select One)	
11:00 am to 2:00 pm:	2:00 pm to 5:00 pm	n:
5:00 pm to 8:00 pm:	8:00 pm to 10:00 pm	m:
I will be present at the function and will mak prevent any violation of Association Rules an Association's Governing Documents) that the meetings and/or additional purposes.	nd Regulations, and damage to Association	property. I understand (Per the
I further understand that every precaution w volume from playing of musical instruments,		
I agree to remove all items (utensils, grilling swell as agree to pay for any damages to the condition may result in a cleaning fee and los	Association's property. Failure to return th	_
GRILL RESERVATION: Every effort will be made to accommodate sathe propane tank for resident use. Resident must call front desk when they are done using	must be present at the grill when security u	unlocks the propane. Resident
If the grill is not returned in proper cleaning authorize Plaza Del Prado Condominium Asso	·	s the use of charcoal, I hereby
NOTE: RESERVATIONS I	PERMITTED FOR RESIDENTS WITH THEIR G	GUESTS ONLY
Finally, I agree to observe and abide by all the Prado Condominium Association, Inc., its Age of action of every kind whatsoever, in law an Agreement shall extend to, apply to, cover, a losses and liabilities, and all consequences the damages which are unknown or unsuspected expressly waived.	ents, Directors, and Employees from any are nd equity, that may arise in connection with and include all unknown, unforeseen, and unereof, as well as those shall not extend to	nd all claims, damages, and cause n my use of the grill. This unanticipated injuries, damages, claims, demands, injuries, or
SIGNATURE OF RESIDENT	APPROVED BY	

DATE

DATE

PLAZA DEL PRADO

CONDOMINIUM ASSOCIATION, INC 18071 BISCAYNE BLVD. AVENTURA, FL 33160 (305) 931-5643 FAX: (305) 931-9685

CREDIT CARD AUTHORIZATION RELEASE FORM

I hereby authorize Plaza D	el Prado to charge my cred	it card as follow (please fill in):
\$ Holding reservation.	Deposit (\$100.00) in the e	vent of any damage for the BBQ
Card Type: Visa	_MasterCardDiscover	Amex
Account Number:		~
CCV		Expiration Date:
Credit card Name:		
Billing Address:		
City, State. Zip	<u> </u>	
Signature:	Date:	