

OCEAN RIVIERA ASSOCIATION
TERRACE ROOM RESERVATION

UNIT # _____ DATE: _____

NAME: _____

DATE REQUESTED: _____

HOURS: FROM _____ TO _____

PAYMENT IS DUE IN FULL AT LEAST TWO (2) WEEKS PRIOR TO RESERVATION DATE.

DATE PAYMENT RECEIVED: _____

DEPOSIT RECEIVED (\$100.00) CHECK _____ CASH _____

RESIDENT SIGNATURE: _____

DATE DEPOSIT RETURNED: _____

RESIDENT SIGNATURE DEPOSIT RETURNED: _____

PLEASE PROVIDE A GUEST LIST

As a reminder only one (1) car per unit is permitted to park on the property.