

**APPLICATION FOR OAKBROOK CLUBHOUSE USE**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE OF FUNCTION \_\_\_\_\_

DATE OF FUNCTION \_\_\_\_\_

TIME BEGINNING \_\_\_\_\_ TIME ENDING \_\_\_\_\_

TOTAL # OF GUESTS: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

**A COPY OF YOUR INVITATION MUST BE SUBMITTED WITH THIS APPLICATION**

Will any form of gaming activities be a part of this function? \_\_\_\_\_

Facilities or equipment to be utilized? \_\_\_\_\_

Are you paying for all expenses for this party? \_\_\_\_\_

If others share costs, please list names and addresses: \_\_\_\_\_

Names of chaperons: \_\_\_\_\_

**The clubhouse must be cleaned and key returned by 11:00 a.m. the following day.**

I have read the accompanying **CLUBHOUSE USE RULES** and agree to abide by same.

**SIGNING THIS APPLICATION MAKES YOU PERSONALLY RESPONSIBLE.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

APPROVED: \_\_\_\_\_

**Oakbrook Property Owners' Association  
P. O. Box 1647  
St. Augustine, Florida 32085**

Return application to Barbara Castellano 794-2402  
724 Charmwood Drive