

**THE VILLAGES RECREATIONAL ASSOCIATION**

C/O GOLDEN VALLEY PROPERTY MANAGEMENT  
608 E. MISSOURI AVE, STE 100  
PHOENIX, AZ 85012  
602-294-0999 (OFFICE) 602-294-0103 (FAX)

**Homeowners desiring more than 6 guests or the use of music not used with headphones/headsets at the Pool/Spa, Tennis Courts, & Common Areas must obtain written approval of the Board of Directors by completing this Event Request Form and returning it to management.**

Homeowner Name(s): \_\_\_\_\_

Requesting Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address \_\_\_\_\_ Village # \_\_\_\_\_

UNIT# \_\_\_\_\_ (E-MAIL) \_\_\_\_\_ PHONE: \_\_\_\_\_

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**NOTE: REQUESTS MUST BE RECEIVED BY MANAGEMENT AT LEAST ONE WEEK IN ADVANCE OF YOUR EVENT**

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Event Date: \_\_\_\_\_ Location Requested \_\_\_\_\_

Start Time: \_\_\_\_\_ am \_\_\_\_\_ pm End Time: \_\_\_\_\_ am \_\_\_\_\_ pm

Number of people \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Will your event include any of the following (Check all that apply):

\_\_\_\_\_ Inflatables \_\_\_\_\_ Music or Amplified Sound \_\_\_\_\_ Other

Please provide a brief explanation: \_\_\_\_\_

Reserving party is responsible for their groups conduct and behavior, clean up, damages, and the noise level must be kept in a manner to respect all neighbors. Music, if approved shall be off at 10 pm.

As the undersigned, I agree to abide by and ensure all owners, their guests, and tenants abide by all VRA Rules & CC&R'S. I will be on the premises for the duration of the reservation period and will be held personally responsible for all damages and problems that may be caused by the reserving group. I understand the facility is not reserved for my groups exclusive use. The Board and their management have the right to cancel or stop the event for any reason. All persons use these facilities at their own risk.

\_\_\_\_\_  
Signature (must be 18 years or older)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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**OFFICE USE ONLY BELOW THIS LINE**

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\_\_\_\_\_ The Board Approves Request

\_\_\_\_\_ Disapproves request for the following reason(s)

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

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