	_ Date Received/Posted:	/	Event Date:
Deposit Check #	_ Date Received/Refunded:	/	Key/CARD #
	Crown Meadows Hom	eowners Associa	tion, Inc.
Event Date:	Event T	me :	
Homeowners Name:			
Property Address:			
Email*:	Phor	ne:	
Гуре of Event:	Gue	sts (25 guests):	
Part 1: RESERVATIO	ON CRITERIA		
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criteria are met and DAM to the Association via sep Association-sponsored evolution resident function above the Tenant eligibility reserve/lease/use the Factorial authorization from	IC has received this executed for parate checks/money orders. Ca ents or Board/Annual/Special Matype functions. The Association at any time, for any reason. Y: Only an owner in good standing cility. Only tenants of owners in good.	m, and applicable sec sh is not accepted. Fa eetings held at the Fac and DAMC reserve the g whose account with ood standing and who	curity deposit and use fee made pay cility cannot be rented during cility; nor can the Facility be used for e right to cancel any reserved/schedu
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DAMC Representative: ______ Date: _____