



renaissance

TOWER

For office use

Date received: _____ Number of night(s): _____

Check number: _____ Amount: _____

Please attach copy of check

Sky Lounge Rental Agreement

Resident Name: _____ Apt. Number: _____

Home Phone: _____ Cell Phone: _____

Rent in 2 Hour increments of \$100.00

Reservation Date: _____ Hours: _____

Payment in FULL required upon reservation. If cancellation is received within one week prior to Reservation date, the account will be credited.

Policies:

1. The Owner, Renaissance Tower, and Windsor Communities shall not be responsible for articles missing from the Sky Lounge, or any damages to personal effects.
2. A deposit of \$500 is required at time of reservation. Any cleaning fees, damages, or charges for lost/missing items will be deducted if necessary after event date.
3. No smoking is allowed in the Sky Lounge
4. All Community Rules and Regulations must be followed. Residents understand that they are responsible for their guests' actions.
5. The entire payment is due upon reservation.
6. Reservation only includes the Sky Lounge. Gathering may not extend to the pool area. Residents are permitted 2 guests per apartment at the pool area.

Resident Signature

Date