



**DURBIN CROSSING
FACILITY RENTAL APPLICATION**

**PLEASE NOTE: NO FACILITY CAN BE RESERVED
WITHOUT THIS APPLICATION AND ALL
APPLICABLE FEES PAID.**



DURBIN CROSSING FACILITY RENTAL FORM



South Amenity Center phone number: 904-230-2011

South Amenity Center address:

145 S. Durbin Parkway
St. John's, Florida 32259

North Amenity Center address:

730 N. Durbin Parkway
St. John's, Florida 32259

Form must be completed by resident / Today's date: _____

Facility Requested: South Social Hall / \$140 _____ South Patio / \$40 _____
 North Social Hall / \$140 _____ North Patio / \$40 _____

Name of applicant: _____ Date of Rental: _____ Time: _____

Street Address: _____ Contact Phone Number: _____

Email address: _____ Intended Use: _____

Est. Attendance, if all invited were to attend. Max. capacity for rooms is 40, patios 25, combo 50: _____

I acknowledge that the service of alcohol at a private facility rental is subject to the Alcohol Policies as set forth in the Policies Regarding District Amenity Facilities. Required Initial: _____

I agree to indemnify and hold harmless the Durbin Crossing Community Development District, Durbin Crossing LLC and Durbin Crossing North, LLC, and their agents, supervisors, officers, directors, employees and staff from any and all liability, claims, actions, suits, or demands by any person, corporation or other entity, for liability, claims, actions, suits or demands by any person, corporation or other entity, for injuries, death, property damage or other damage of any nature, arising out of, or in connection with, the use of the Amenity Center. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

I have read, understand and agree to abide by all policies and rules of the District governing the Amenity Center. I acknowledge that failure to adhere to the District's policies and rules may result in the suspension or termination of my privileges to use the facility. I also understand that I am financially responsible for any damages caused by me, my family members, and/or guests. If requested, I will obtain an event insurance policy naming the Durbin Crossing Community Development District, Durbin Crossing LLC and Durbin Crossing North, LLC, and their agents, supervisors, officers, directors, employees and staff as additional insured's.

Signature of Applicant

Date

I have read and understand the following (please initial by each):

_____ The four (4) hour maximum time limit includes setup and clean up time. Parties not to start before 9:30am or end after 9:30pm.

_____ When renting the Social Hall at either facility, the pool is not applicable for safety purposes.

_____ Residents must inform their guest(s) that once the scheduled party is complete, all guest(s) are required to exit the facilities.

_____ The deposit check may be picked up only after the post party check list is completed to the satisfaction of the District. If the deposit check is not picked up following the event, the check will be shredded within 48 hours.

_____ Additional fees may be assessed if the cleanup is incomplete or if event is not kept within the identified time frames (9:30am-9:30pm).

Rental fee amount / Payable to Durbin Crossing CDD: _____ Check #: _____

Deposit Amount / Payable to Durbin Crossing CDD / 1 check for \$100 / 1 check for \$400: Check #'s: _____

Party Coordinator Fee / \$60 / EVERY rental except South Patio / Payable to Vesta: Check #: _____



DURBIN CROSSING FACILITY RENTAL
CLEAN-UP CHECKLIST



SOCIAL ROOMS:

- _____ Wipe off counters, sink area and all table tops
- _____ Wipe out microwave, if used
- _____ Clean up food and drink spills, crumbs
- _____ Sweep the floors
- _____ Empty garbage, carry to dumpster and replace garbage liners
- _____ Return any "moved" furniture to the original location

POOL DECK:

- _____ Remove all party items and decorations
- _____ Wipe off tables and benches
- _____ Sweep deck and surrounding area
- _____ Empty garbage, carry to dumpster and replace garbage liners
- _____ Return furniture to its original location

I understand that the total refund of my deposit is based on completion of the identifies tasks and by abiding by the guideline in the Facility Rental Policies.

Signature of Renter

Date

FOR OFFICE USE ONLY

Post Rental Inspection / Staff signature: _____ Date: _____

Staff Notes: _____
