

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 resid	lent / Today's date:	08/01/2023
*The South Social Hall does not include any use of the poor	·	• •
Facility Requested: South Social Hall / \$140	500tii Patio / \$40	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. cap	pacity for the South Hall is 40, I	N/S Patios is 25:
I acknowledge that the service of alcohol at a private CDD Board approval, special event insurance, and the servi No alcohol, beer, wine, glass, etc., will be served at m	ices of a licensed caterer, an alcoh	ol exemption could be obtained.
I agree to indemnify and hold harmless the Durbin Crossing Con LLC, and their agents, supervisors, officers, directors, employees son, corporation or other entity, for liability, claims, actions, suits erty damage or other damage of any nature, arising out of, or in or be construed as a waiver of the District's sovereign immunity g	and staff from any and all liability, class or demands by any person, corporat connection with, the use of the Ame	aims, actions, suits, or demands by any per ion or other entity, for injuries, death, prop unity Center. Nothing herein shall constitute
I have read, understand and agree to abide by all policies and r adhere to the District's policies and rules may result in the suspe am financially responsible for any damages caused by me, my far naming the Durbin Crossing Community Development District, D officers, directors, employees and staff as additional insured's.	ension or termination of my privilege mily members, and/or guests. If reque	s to use the facility. I also understand that ested, I will obtain an event insurance policy
Signature of Applicant / Must be resident or annual pass holder a	nd in attendance for the entire event	. Date
I have read and understand the following (please initial by each):		
The four (4) hour maximum time limit includes setup and	d clean up time. Rental time frames a	re between 10am and 9pm.
Each patron may rent a venue of either Amenity Center	no more than (4) times a calendar yea	ar.
I agree to abide by the lightning and thunder policies rel	ated to any and all outdoor patio rent	tals at either facility.
Residents must inform their guest(s) that once the sched	duled party is complete, all guest(s) ar	e required to exit the facilities.
Your deposit check will be shredded within 48 hours aff would like to make other arrangements, please specify		•
Additional fees may be assessed if the cleanup is incomp *Arriving early for any reason is not permitted. If your re		
Additional fees may be assessed if ANY policies are not a	adhered to including but not limited to	o; alcohol, glass, capacity limits, etc.
Rental fee amount / Payable to Durbin Crossing CDD:	Check #:	
Deposit Amount / Payable to Durbin Crossing CDD / 1 chec	k for \$500: Check #:	
Party Coordinator Fee / *\$60 when applicable / Payable To	Vesta: Check #: *south so	cial Hall always & North patio except June, July & Aug.



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 a the guideline in the Facility Rental Policies.	ibiding by
Signature of Renter Date	
FOR OFFICE USE ONLY	
Post Rental Inspection / Staff signature: Date:	
Staff Notes:	