

PLEASE FILL OUT AND RETURN

PLEASE FILL IN THE FOLLOWING AND SUBMIT TO THE OFFICE WITH YOUR DEPOSIT.
AN APPROVED COPY WILL BE RETURNED TO YOU FOR YOUR RECORDS.

YOU MUST STAY WITH YOUR PARTY AT ALL TIMES.

NAME _____

ADDRESS _____

TELEPHONE _____ LOT NUMBER _____

DATE REQUESTED _____ DAY OF WEEK _____

TIME _____ TO _____ APPROX. NUMBER OF PEOPLE _____

TYPE OF PARTY (REUNION, RECEPTION, ETC.) _____

**YOU WILL HAVE 24 HOURS TO TAKE DOWN ANY SIGNS THAT YOU HAD POSTED OR YOU WILL BE CHARGED FOR THE TIME IT TAKES OUR MAINTENANCE PERSONNEL TO TAKE THEM DOWN.

I, THE UNDERSIGNED, A BONA FIDE MEMBER OF ROMEROCK ASSOCIATION, DO HEREBY CERTIFY THAT I WILL ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES CAUSED BY THE ABOVE-MENTIONED PARTY. I FURTHER CERTIFY THAT I WILL NOT USE THIS AREA FOR ANY TYPE OF COMMERCIAL ACTIVITY.

MEMBER MUST STAY WITH THEIR PARTY AT ALL TIMES!

WILL YOU BE USING THE POOL? Y__ N__ (IF YES, TEN DAYS NOTICE REQUIRED.)

DATE

SIGNATURE OF MEMBER

FOR OFFICE USE ONLY:

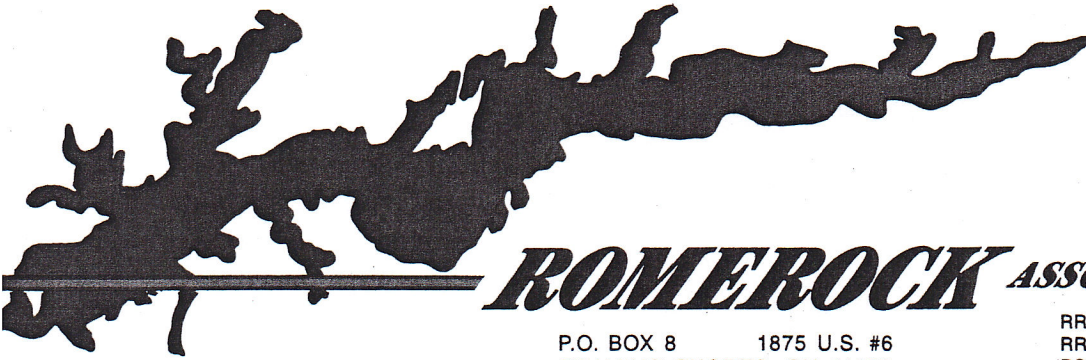
DUES AND ASSESSMENTS PAID IN FULL? _____

DEPOSIT RECEIVED (DATE) _____

BASIC RENTAL FEE PAID (DATE) _____

APPROVING DIRECTOR (SIGNATURE) _____

DEPOSIT RETURNED (DATE AND/OR COMMENT) _____



1966 - 2001



ROMEROCK ASSOCIATION

P.O. BOX 8 1875 U.S. #6
ROAMING SHORES, OH 44085

RRA OFFICE/24 HR. RECORDER: (440) 563-3170
RRA OFFICE/24 HR. FAX: (440) 563-5667
RSV POLICE/24 HR. RECORDER: (440) 563-3135
RSV POLICE/24 HR. DISPATCH: (440) 576-0055

PLEASE FILL OUT AND RETURN

!!REMINDER!!

ROMEROCK MEMBERS USING
ROMEROCK ASSOCIATION FACILITIES

SUBSTITUTE HOUSE BILL 22
SIGNED INTO LAW
JULY 1, 1989

PERSONS UNDER THE AGE OF 21 ARE PROHIBITED FROM ACQUIRING OR PROCESSING BEVERAGE ALCOHOL IN ANY PRIVATE PLACE. MEMBERS OR OCCUPANTS ARE PROHIBITED FROM KNOWINGLY ALLOWING AN UNDERAGE PERSON TO REMAIN ON THE PREMISES WHILE CONSUMING OR IN THE POSSESSION OF ALCOHOL.

THE ONLY EXCEPTIONS TO PROVIDING SOMEONE UNDER AGE 21 WITH ALCOHOL IS IF IT IS DONE BY A PHYSICIAN OR BY THE PERSON'S PARENT, SPOUSE (AGE 21 OR OVER) OR LEGAL GUARDIAN.

I, _____, ROMEROCK ASSOCIATION MEMBER, # _____, HAVE READ AND UNDERSTAND MY RESPONSIBILITIES RE: OHIO SUBSTITUTE HOUSE BILL 22.

WITNESS

SIGNATURE

DATE