

Activity Request Form
Symphony Village at Centreville Homeowners Association, Inc.

Resident Events Only

To request space for you event please complete and return this form to the management office for review. You will be notified of any scheduling conflicts with the date(s) and time(s) requested.

Room Requested: _____

Date Submitted: _____

Contact Information

Resident Name: _____

Property Address: _____

Phone Number: _____ E-mail Address: _____

Activity Information

Activity Name: _____

Start Date: _____ End Date: _____

Frequency of event: daily/weekly/monthly/etc. _____

Day of the Week: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur. ☐ Fri
☐ Sat

Start Time: _____ End Time: _____

Any time for set up or breakdown required? ☐ YES ☐ NO

If yes, please provide start time for set up and end time for breakdown: _____

Audio/Visual Equipment Requested: _____

**PLEASE NOTIFY MANAGEMENT OF ANY CANCELLATIONS OR CHANGES IN ACTIVITY
DATES, TIMES, ETC.**

Description of Activity/Use of Room:

RESIDENTS MUST PROVIDE SET-UP INSTRUCTIONS ON THE NEXT PAGE. IF INSTRUCTIONS ARE NOT PROVIDED, YOU WILL BE REQUIRED TO COMPLETE THE SET-UP.

Resident Signature

Date

Set Up Instructions

(Please indicate location of tables, chairs, etc. below)



Additional Instructions/Specifications:

Event Sign-Out Sheet/Checklist

Date: _____

Room: _____

- _____ Furniture returned to its original location
- _____ Carpet/rug vacuumed
- _____ TV turned off

- _____ Lights & ceiling fans turned off
- _____ Trash properly disposed of
- _____ All outside doors & windows closed

IF kitchen was used:

- _____ Dishes washed
- _____ Appliances off