

# COVERED BRIDGE PROPERTY OWNERS ASSOCIATION

## Amenity Center Reservation Request

OWNER NAME _____	EMAIL _____
HOME PHONE _____	WORK PHONE _____
ADDRESS (including City, State, and Zip Code) _____	
DATE OF RESERVATION _____	
11:00 a.m. – 1:30 pm _____ 2:00 p.m. – 4:30 p.m. _____ 5:00 p.m. – 7:30 p.m. _____	
TIME OF RESERVATION (Circle One)	
NUMBER OF ANTICIPATED GUESTS _____	
TYPE OF PARTY _____	
IF SWIM PARTY, APPROXIMATE NUMBER OF SWIMMERS _____	

I have read, understand, and agree to abide by the Rules for use of the Amenity Center.

I prefer to have my check \_\_\_\_\_ returned to me \_\_\_\_\_ shredded (please mark one)

Signed: \_\_\_\_\_

(Must be signed by owner requesting reservation.)

**Please make checks payable to Covered Bridge POA, and mail the application and check to:**

Covered Bridge POA  
c/o Inframark  
14050 Summit Drive, Suite 103  
Austin, Texas 78728

### For Office Use Only:

Date received and method: \_\_\_\_\_ Received by: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Check Shredded/Returned : \_\_\_\_\_ Shredded/Returned by: \_\_\_\_\_