



**Oceana South Recreation Center Association  
Social Room Private Party Reservation Form**

Date Requested: \_\_\_\_\_ Time Requested: From \_\_\_\_\_ To \_\_\_\_\_

Function: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Island Crest \_\_\_\_\_ Oceana South \_\_\_\_\_

Unit: \_\_\_\_\_ Telephone (       ) \_\_\_\_\_

Total Number Attending: \_\_\_\_\_ Number of Residents/Family \_\_\_\_\_ Guests limited to 50.

Catered: Yes \_\_\_\_\_ No \_\_\_\_\_ Catering Contact Name & Phone: \_\_\_\_\_

Music: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details including musician/group name  
and contact information: \_\_\_\_\_

Please provide set-up information on back of form. If Association tables and chairs are to be used, form must be received 48 HOURS in advance of the event. Please indicate the number of 8-foot tables and folding chairs you are requesting.

Will you be serving any alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

At the time of booking the event, a one-hundred dollar (\$100.00) cleaning deposit must be received by the manager of the Recreation Center. If the room is clean and left in the same condition it was before the function the deposit will be returned—checks should be payable to **Oceana South Association**. I agree by signing below that I understand the following:

I will be responsible for any damage to the Recreation room or contents.  
I agree that the function will end no later than 10:00 p.m.  
I am reserving ONLY the first floor social room of the recreation center.  
Access to ALL OTHER AMENITIES may not be restricted in ANY way during the event.

Resident Signature & Date \_\_\_\_\_

Print Name \_\_\_\_\_

Reservation approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Board Member/Manager

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Please return completed form to: Oceana South Association, Inc.  
10660 South Ocean Drive  
Jensen Beach, FL 34957  
Tel: (772) 229-1898 Fax: (772) 229-1911 Email: osreca@gmail.com