



THE WILSHIRE

CONDOMINIUM ASSOCIATION

1st Floor Lounge Contract

Resident's Name: _____ Unit #: _____

Phone Number(s): _____

Date of Function: _____ Purpose of Function: _____

Time of Function: From: _____ AM/PM To: _____ AM/PM

Party Coordinator's Name (if different from above): _____

Coordinator's Phone Number(s) : _____

Number of Guests Anticipated: _____ Number of Automobiles Anticipated: _____

Will alcoholic beverages be served? Yes No Will minors be present? Yes No

If this event is organized for minors, name of chaperone(s): _____

Will the catering kitchen be needed? Yes No

Name of Caterer: _____ Arrival Time: _____

Other Deliveries: _____ Arrival Time: _____

_____ Arrival Time: _____

Special Requests: _____

I acknowledge that I have received a copy of the 1st Floor Lounge Rules and Regulations. I further acknowledge that I have read the rules in their entirety and that I fully understand and shall abide by the rules and regulations as they have been set forth.

Signature of Resident

Date

Signature of General Manager

Date