

**BONNIE BRAE HOA POOL / PICNIC AREA RESERVATION FORM**

\$50 Security Deposit Required for ALL Parties

Make your check payable to Bonnie Brae HOA

Mail or deliver your check and completed form to:  
Chastine Property Management, PO Box 1073 / 139 Bridges Road, Mauldin, SC 29662

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

PHONE: Daytime: \_\_\_\_\_ Home: \_\_\_\_\_

RESERVATION DATE: \_\_\_\_\_

TYPE OF FUNCTION: \_\_\_\_\_

TIME OF RESERVATION: From: \_\_\_\_\_ To: \_\_\_\_\_

\*NO swimming after 9:00pm or dark (whichever comes first) – Pool permitted for day swimming only.

NUMBER OF GUESTS: \_\_\_\_\_ WILL GUESTS BE SWIMMING: YES \_\_\_\_\_ NO \_\_\_\_\_

RESIDENT HOSTING POOL SOCIAL FUNCTION IS RESPONSIBLE FOR ALL CLEAN UP  
FAILURE TO CLEAN UP AFTER PARTY WILL RESULT IN LOSS OF \$50 SECURITY DEPOSIT

FOOD & DRINK CONTAINERS / PAPER PRODUCTS MUST BE PLACED IN GARBAGE CANS OUTSIDE  
FENCE.

RESIDENTS HOSTING UNSCHEDULED PRIVATE PARTIES SUBJECT TO FINE BY ASSOCIATION.

“POOL PARTY” SIGNS MUST BE POSTED ON TABLES TO IDENTIFY SCHEDULED PARTY.

*Signs will be provided at time security deposit is paid.*

By signing, I am acknowledging my responsibility to ensure that my guests' conduct and actions will be keeping with Bonnie Brae's family-friendly pool policy and my responsibility to clean after function.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

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*Do not write below this line - Office use only*

Date Reservation Fee Paid \_\_\_\_\_ Date Deposit Returned \_\_\_\_\_

Reservation Table Signs Returned \_\_\_\_\_

Checked and Approved by Board Member \_\_\_\_\_