



SUNRISE MASTER ASSOCIATION

15807 134TH AVE E

PUYALLUP, WA 98374

P: 360-872-8137

E: SMAADMIN@COMCAST.NET

SUNRISE PARK PICNIC SHELTER RESERVATION FORM

*Please Print

Date of Event (MM/DD/YY): ____/____/____

Type of Event: _____

Name of Sunrise Resident Hosting (First & Last): _____

Account #: _____

Address: _____

Home Phone: _____ Morning / Afternoon / Evening

Fee Check #: _____ Deposit Check #: _____

RESERVATIONS OF THE PICNIC SHELTER ARE FOR THE SPECIFIED TIMES AS NOTED BELOW.

Event Start Time: _____

Event Start End: _____

Total Number of Hours Reserved: _____

Amount Due to Reserve the Sunrise Park Picnic Shelter

(In-Season is considered: Memorial Day Weekend – Labor Day)

- Off-Season (Monday-Thursday) | \$50
- In-Season (Monday-Thursday) | \$100
- Off-Season (Friday- Sunday) | \$100
- In-Season (Friday-Sunday) | \$150
- In-Season Holidays (Memorial Day, 4th of July, and Labor Day) | \$150

Two separate checks are required to finalize your reservation. One in the Amount Due to reserve the Picnic Shelter, and the other as a security deposit which will be returned if there are no damages to the Picnic Shelter that will need to be repaired after your usage. The security deposit shall be made to Sunrise Master Association (SMA) in the amount of \$100. If cleaning is needed, this will be subtracted from the security deposit at the rate of \$40/hour for cost of damages/cleaning. If cleaning/damages are found and exceed the \$100.00 deposit, the resident/homeowner will be responsible for the full cost of repairs/replacement.

Fees & Cancellation Policy

- There is a fourteen (14) day cancellation policy. Reservations canceled fourteen (14) or more days prior to the event will receive a full refund. If a reservation is canceled within the fourteen (14) day period, only the security deposit will be refunded.
- Changes made to an existing reservation less than fourteen (14) days prior to the event, shall be subject to a \$25 change fee.
- Costs to fix damages to the Picnic Shelter will be deducted from the security deposit and will be charged to the SMA Owner as a Specific Assessment, as allowed in section 6.5.1 in the CCRs if damages exceed the security deposit.

Posted:

Shred:



SUNRISE PARK PICNIC SHELTER RESERVATION RULES & INFORMATION

RESERVATION INFORMATION

1. Reservation and use of the Sunrise Park Picnic Shelter is restricted to Sunrise Master Association (SMA) Owners and their guests for personal use only. The Owner reserving the Picnic Shelter must be present during the event.
2. A completed application, payment, and security deposit must be made before the date requested will be confirmed. No holds are placed prior to payment.
3. The Picnic Shelter may be reserved no more than 90 days in advance and the Picnic Shelter may be reserved for single-day use only, once per seven (7) day period. No consecutive day reservations.
4. SMA Owners who are delinquent in payment for any SMA Assessments or have unpaid fines will not be permitted to reserve and/or keep a previously made reservation until the account is paid in full. SMA Owners with reservations who do not meet the above requirement will be given notice that their Picnic Shelter reservation has been canceled due to their account status.
5. A Reservation Permit will be issued once your payment is confirmed. Please bring the Permit with you as evidence of your right to occupy the space at the indicated time.
6. A reservation of the Picnic Shelter ONLY covers the Picnic Shelter. All other facilities and areas of Sunrise Park are open to the public. See MAP for what is designated as the Picnic Shelter.

FACILITY INFORMATION

1. Surveillance cameras monitor the park.
2. Parking is limited. Carpooling is recommended.
3. Maximum Occupancy of the Picnic Shelter is 50 people.
4. The Picnic Shelter may not be used for commercial purposes.
5. There is no running water available onsite.
6. There are no electrical outlets at the Picnic Shelter.
7. Sunrise Master Association is not responsible for any lost, stolen, or damaged items.

RULES

1. Parking or driving on turf (grassy) areas, landscaped areas, and sidewalks is **STRICTLY PROHIBITED**. You are not allowed to drive up to the picnic shelter for loading, unloading, or parking.
2. Alcohol, tobacco, drugs, and glass containers are **PROHIBITED** within Sunrise Park.
3. Barbecues, grills, and cooktops are not permitted for use in Sunrise Park.
4. No sidewalk painting or chalking.
5. No amplified or loud music.
6. All events will begin no earlier than 10:00 A.M. and must end (including clean-up) by dusk when the park closes. Please take all event trash with you after the event. The trash cans are not for event use and are not emptied daily.
7. The SMA Owner reserving the Picnic Shelter is responsible for all set-up and clean-up of the Picnic Shelter.
8. Rules and Costs for the Sunrise Park and Picnic Shelter may be revised at any time.
9. No **BOUNCE HOUSES** or **INFLATABLES**.



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SUNRISE PARK PICNIC SHELTER EVENT RESERVATION PERMIT

*Please Print

Date of Event (MM/DD/YY): ____/____/____

Name of Sunrise Resident Hosting (First & Last): _____

Event Start Time: _____

Event Start End: _____

Total Number of Hours Reserved: _____

Signing this permit is acknowledgment and agreement to follow the Sunrise Park Picnic Shelter Rules and Information. Any damages done by guests of the responsible Sunrise Master Association Owner will be assessed back to the SMA Owner listed above as a Specific Assessment, as allowed in section 6.5.1 in the CCRs if costs exceed the security deposit amount. In addition, the undersigned verifies possessing insurance coverage through a homeowner's policy and does hereby agree to indemnify and hold SMA harmless from any claims, demands, suits, actions, or damages of any nature that may be made against SMA by any person or entity arising out of or in connection with the use of the facilities at the time and date set forth above.

NOTE: Bring this Reservation Permit with you on the day of the event as proof of reservation.

Name of Sunrise Resident Hosting

(First & Last): _____ Date: _____

Name of SMA Office Staff Signature

(First & Last): _____ Date: _____

