

**The Enclave at Galewood Crossing Association
Event Permit Form**

Unit Address: _____ **Unit #** _____ **Lot #:** _____

Name : _____

Phone – Home _____

Phone – Other _____

Email _____

Purpose of Event _____

Date and Time of Event _____

Number of Guest _____

Event Type (Residential or Main Park) _____

I waive the requirement to carry additional insurance for this event and I hold the Enclave at Galewood Crossings Association harmless in the event of any accident or damage. I accept full responsibility for any acts, claims, injuries or accidents that result from this event.

Please indicate by your signature below that you have read sections 3.21 and 3.22 of the Rules and Regulations, and that you understand and will comply with all the rules and regulations of The Enclave at Galewood Crossings Association. Failure to adhere to these requirements may result in a financial penalty being charged against you.

Please enclose the following Items:

- Permit Request Form**
- \$100.00 Deposit**

Owners Signature: _____

Date: _____

Please mail this signed permit form with your deposit fee to:
The Enclave at Galewood Crossings Association
% James Sarther
Hillcrest Properties Management
55 West 22nd Street, Suite 310 Lombard, IL 60148

If you wish to hand deliver this permit form with your deposit fee, you may do so to any Master Association Board member