

SWEET PINE CREEK HOMEOWNERS ASSOCIATION
PAVILION RESERVATION
REQUEST FORM

Resident Name: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Reservation Date Requested: _____

Reservation Hours Start time: _____ End time: _____

Please note pavilion hours are from 8am – 10pm. The pavilion cannot be reserved on major holidays, as well as Mother’s Day, Father’s Day and Halloween

Type of Event: _____

- I have read and agree to follow the policies and procedures for reserving and use of Sweet Pine Creek facilities.

Resident Name _____ Date _____

Please complete this form, and return to Riverside Property Management. Once your request has been received, you will be contacted within one business day regarding your reservation being officially added to the Sweet Pine Creek Pavilion Calendar.

US Mail: Sweet Pine Creek HOA c/o Riverside Property Mgt., PO Box 2484 Kennesaw, GA 30156

Email: vpdolan@riversidepropertymgt.com

Fax: 770-444-3376

