Rushland Plantation Property Owners Association
Pavilion Rental Application

Application Date_____

Owners Name_____ State & Drivers License #_____

Address_____

Mailing Address if Different_____

Home Phone #_____Cell #_____

Work #_____

Date of Rental_____Purpose_____

Approx # of People_____ Hours_____ AM / PM to _____ AM / PM

A $500.00 refundable deposit will be required for all pavilion rentals. This deposit will be refunded after an inspection of the property is complete and as long as no damages are noted.

I have read, understand and agree to be bound by all the Terms and Conditions for renting the Amenity Center at the Rushland Plantation Community.

Owners Signature _____ Date_____

Renter Signature _____ Date_____

Mail to: **Community Management Group**
349 Folly Rd Ste 2B
Charleston, SC 29412

Call: **843-795-8484 ext 0**
Fax: **843-795-8482**

For Office Use Only

Date Received Application / Check _____

Date Spoke to _____ **Re: Application & Policy**

Date / Time Given Keys _____

By _____