

CALLONWOOD CLUBHOUSE CHECKLIST

Renter Initials IN	Renter Initials OUT	Scheduler Initials IN	Scheduler Initials OUT	ITEM
				Refrigerator empty and wiped clean
				Microwave wiped clean
				Coffee pot cleaned and put away
				Kitchen cabinets, counter tops, and sink wiped clean
				Bathrooms clean, no trash on floor, all trash receptacles emptied (large and small)
				Garbage removed to outdoor containers
				Tables cleaned and returned to storage room (9)
				Chairs stacked on rack and returned to their indoor location (62)
				Furniture returned to its original location
				Floors swept and mopped, if needed
				Remove all food items, decorations, and personal effects
				Condition of walls, furniture, and television will be examined
				Fireplace turned off

CHECK IN

The clubhouse committee member has walked me through the clubhouse for an inspection tour and to include what items are available and what is expected to be done at the end of my event. The signature below and initials after each item above, acknowledge that I will abide by the rules.

Resident: _____ Date: _____

Committee member: _____ Date: _____

CHECK OUT

_____ Violations Noted

_____ No Violations Noted

Details of violations:

Resident: _____ Date: _____

Committee member: _____ Date: _____