

ROOF DECK RESERVATION FORM

59 PINEAPPLE CORP.

TO: ADVENTURE PROPERTIES, INC.

70 Clark Street

Suite 1-A

Brooklyn, NY 11201

718-488-9430

Name: _____ **Apt #:** _____

Date of Use: _____ **Number of People** _____

Start Time: _____

Purpose of Use: _____

I have enclosed the required \$500 (refundable) Deposit **yes** **no**

Signature

Telephone Number: _____

- **All guests must abide by the Roof Deck Rules and Guidelines.**
- **Reservations Forms will not be honored if the Waiver and Release Agreement has not been submitted.**

For Office Use Only:

Waiver Received: ____yes ____no

Date Requested Received: _____

Deposit Received: ____yes ____no

Deposit Returned: _____ **Date** _____