

MiraBay®



Have an upcoming special event?

We have the perfect venue, right in your own backyard.

Weddings ∞ Receptions ∞ Anniversaries

Birthdays for all ages ∞ Baby or Bridal Showers ∞ and more!



Private Club Rental Fees

All rentals require a deposit of 50% of the total room rental price, including after hours fees, if applicable. Deposit will be deducted from the final rental total. Deposits for rentals cancelled 60 days before an event are refundable at 100%. Deposits for rentals cancelled 30 days prior to an event will receive a 50% refund. Deposits for rentals cancelled 14 days or less prior to an event are non-refundable. All rentals include table and chair set-up and tear down. Renters/Residents are responsible for taking out the trash and cleaning the rental space. Signed rental agreement by the resident is required to reserve

Lagoon Room

Accommodates up to 100 ppl
Access to wrap around veranda
10-60" tables and 90 banquet chairs

\$200 up to 2hrs
\$50 each additional hour

Admiral Pointe Clubhouse

Accommodates up to 50 ppl
Living Room style furniture
Outdoor tables and chairs (accommodate 12)
Card tables and chairs available

\$200 up to 4hrs
\$50 each additional hour

Main Club Promenade

Accommodates up to 25 ppl
Picnic Tables and 6' tables
Access to Playground and Lagoon Pool

\$50 up to 4hrs

Card Room

Accommodates up to 12ppl
Card tables or 6' tables and chairs

\$75 up to 2hrs
\$112.50 for 5-8hrs

Applies to all Club Rentals

Credit or debit card must be on file before your event to check out and pay any fees

Catering Kitchen : \$50

Table Linen: \$10 per table

Rental space clean-up fees:

As stipulated in the agreement clean up is to be performed by the resident.

If performed by the MiraBay Club Staff or not cleaned up to regulation there will be a charge of \$300 applied

Catering Kitchen Clean Up:

As stipulated in the agreement clean up is to be performed by the resident.

If performed by the MiraBay Club Staff or not cleaned up to regulation there will be a charge of \$300 applied

After Hours Fee

After normal clubhouse operating hours: \$100 per hour after normal clubhouse operating hours



Private Event Rental Guidelines

Rental Guidelines

Rental requests may be made by following the procedures below:

- 1. Call the Clubhouse at (813) 649-1500 and ask for the rental coordinator or stop by the office to confirm the availability your desired rental date.**
- 2. Complete and submit the Rental Request Form to the Rental Coordinator. This date will not be firm until the resident submits required forms and deposits; and such submission is approved.**
- 3. The Rental Coordinator will secure the requested date upon receipt of deposit and completed contract .**
- 4. Rental reservations may be made up to 1 year in advance., based on availability.**
- 5. The resident must finalize all plans with the Rental Coordinator 14 days prior to the facilities use. The resident must also pay total amount of rental 7 days prior to facility use.**

Policies and Procedures

General Guidelines

As stipulated in the CDD Amenity Rules Handbook

- 1. The resident must be in attendance of the event at all times.**
- 2. Under no circumstances shall chairs, tables, or other equipment be removed from the clubhouse.**
- 3. No admission fees shall be charged by the resident as stipulated in the CDD Amenity Handbook.**
- 4. The facility and surrounding areas, except designated smoking area(s) are nonsmoking and if smoking occurs outside of the designated smoking area(s) a \$250 fee will be applied, additional charges, fines and penalties may be assessed if damages occur as a result of a violation of the nonsmoking policy.**
- 5. The community reserves the right to cancel any rental or use due to “Acts of God”, such as, but not limited to; hurricanes, floods, and fire and the member’s deposit will be refunded.**
- 6. The Lagoon Room Rental is for the Lagoon Room only; it does not include access to any other amenity of The MiraBay Community.**
- 7. You, as the sponsoring resident, are responsible for the conduct of all guests attending the function.**

Private Event Rental Guidelines Continued

Policies and Procedures Continued

Lagoon Room Guidelines

8. The Lagoon Room rental time frame is all inclusive of the rental hours

- set-up time you need to get ready for your party
- the actual times of the party, from X pm to Y pm
- Post -party clean up; break down of equipment/catering kitchen as stipulated in the CDD Amenity Rules Handbook.
- And the time that the room is clean and the building cleared of all guests

9. YOU are responsible for your own cleanup after the event: all garbage must be removed on the same day of the event and deposited in the dumpster at the west end of the Fitness Center. The room returned to its original layout, including sweeping the room.

10. A pre-event inspection and post-event inspection will be conducted by the Manager or receptionist on duty. This individual will assess the condition of the facilities before and after the rental, and they will be responsible for making sure the room is acceptable for what the requirements are of the Event Coordinator. Pre-event inspections is to ensure the room is provided in a clean manner.

11. If additional equipment (tables, chairs, dinnerware, etc.) is rented from an outside company, it MUST be picked up by 9AM the following day. **Any charges from the rental company is the responsibility of the resident.**

13. Cancellations: Residents may terminate their agreement up to 14 days prior to the scheduled use, and the deposit will be refunded. If a termination by the member occurs less than 14 days prior to the scheduled use, the deposit will not be returned unless the facility is used by a third party on the reservation date at a rental amount equal to or greater than that amount specified in this agreement.

14. Any event intended to have food catered, must be catered by a licensed catering service. Proof of liability insurance is required. All vendors must be approved by The MiraBay Club Management. A copy of the caterer's current business license and current liability insurance naming The Harbor Bay CDD as second insured must be presented and filed with The MiraBay Club 2 weeks prior to any event taking place. See sample below and the next page for complete details.

Private Event Rental Guidelines Continued

Certificate of Insurance Requirements

- The MiraBay Club under the direction of the HARBOR BAY CDD has established insurance and certificate of insurance requirement for those facility users, vendors and contractors entering into agreements with the MiraBay Club for the purpose of special events and activities. Before commencing use or services under an agreement with the MiraBay Club, a certificate of insurance must be furnished.

Certificates of Insurance can be faxed to us at
(813) 649-1333 Attn: Rental Coordinator.

- Specific date(s) of the event must be stated clearly on the certificate. The certificate of insurance must state the following word for word in the following sections:
 - Type of Insurance required: “Commercial General Liability” and “Occurrence” should be checked.
 - Each Occurrence per person should be \$250,000+ and per accident should be \$500,000+ and damage should be a minimum of \$50,000.
 - Description of Operations (Word for Word): Harbor Bay CDD, a quasi-governmental subdivision of the State of Florida is named as Additional insured regarding the event to be held .
- Certificate Holder (Word for Word): Harbor Bay CDD, 280 International Parkway, Suite 250 Lake Mary, FL 32746
Residents and their guest must follow all facility policies and procedures.

Resident Signature: _____

Date: _____

Sponsoring Non-Resident: yes/no

Non-Resident Signature: _____

Date: _____

(only if sponsored by a resident)

Manager Signature: _____ Event Date: _____

Manager Initials _____

Certificate of Liability Insurance

ACORD - CERTIFICATE OF LIABILITY INSURANCE		DATE (MMDDYY)
PRODUCER 	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
EXAMPLE	INSURERS AFFORDING COVERAGE	
	INSURER A: Greenwich Insurance Company	
	INSURER B: XL Specialty Insurance Company	
	INSURER C:	
	INSURER D:	

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> FINANCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> STOP GAP GEN'L AGGREGATE LMT APPLIES PER POLICY <input type="checkbox"/> PER <input type="checkbox"/> PER <input type="checkbox"/> LMT	GEC000330302	07/15/03	07/15/04	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMPROP AGG \$2,000,000 PERSONAL & AUTO BIJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one blk) \$50,000 MED EXP (Any one person) \$5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> MEDS DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO	AEC000330402	07/15/03	07/15/04	COMBINED SINGLE LMT (Per Accident) \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident) Auto med - see schedule Other than Auto (incl. P)
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DIRECTORS <input checked="" type="checkbox"/> DEFENDERS \$10,000	UEC000330801	07/15/03	07/15/04	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WEC000745102 ACS	11/12/02	11/12/03	<input checked="" type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
A	Pollution / Env. Imp.	PEC000178301	06/08/01	08/08/04	\$5,000,000 Per Occurrence Limit

DESCRIPTION OF OPERATIONS, CLAS, SUBPOLICIES & SPECIAL FORMS ADDED BY ENDORSEMENT(S) SPECIAL PROVISIONS
 Manatee County, a political subdivision of the State of Florida is named as Additional Insured.

CERTIFICATE HOLDER Manatee County, a political subdivision of the State of Florida 5502 33rd Avenue Drive West Bradenton, Florida 34209	CANCELLATION UNLESS ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THIS CERTIFICATE HOLDER WILL EXPLORE TO THE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPROVE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Beer and Wine Packages



Deposits for rentals cancelled less than 14 days before an event are non-refundable.

*205 service fee + Hillsborough County Tax will be added to all bar packages

Beer and Wine

Includes: plastic cups, ice and beverage napkins

\$12.95 per person / 4 hours

\$5 each additional hour

Domestic

Bud Light
Bud Light Lime
Mich Ultra
Coors Light
Miller Lite
Bud Light Seltzer

Import

Corona Extra
Corona Light
Shock Top
Stella
Modelo

House Wine

Cabernet
Merlot
Chardonnay
Pinot Grigio
Pinot Noir
White Zinfandel

Craft Beer

Old Elephant, Reef Donkey or Seasonal Beer

Add \$2 per person each additional hour

Consumption Basis Bar

Also called “per drink”, you only pay for what is consumed.

Well \$5.00 per drink Call \$7.00 per drink Top Shelf \$9.00

Additional Fees

Bartender/Staffing \$40/hour up to 50 people

(one bartender and one attendant)

\$65/hour over 50 people

(two bartenders and one attendant)

Sodas / Water

Additional \$2 per person for entire event

Non-alcoholic beverage packages

Soda and Water

Choice of:

Tea, Lemonade or Fruit Punch

Cost \$3.95 per person, per hour

Beer, Wine and Liquor Packages



Liquor

Includes: plastic cups, ice, beverage napkins, stirrers, soda, mixers and garnishes

Pricing is on a per person basis

Includes Beer and Wine

Crew

\$21.95 per person/4 hours

Seagrams Gin
Cruzan Light Rum
Cruzan Dark Rum
Sauza Gold Tequilla
Pinnacle Vodka
Jim Beam

Mate

\$16.95 per person/ 2 hours

\$24.95 per person/ 4 hours

Tanqueray Gin
Captain Morgan Spiced Rum
Malibu Rum
Hornitos Black Label Tequila
Smirnoff Vodka
Titos Vodka
Jack Daniels

Captain

\$18.95 per person/ 2 hours

\$26.95 per person/ 4 hours

Bombay Gin
Appleton Rum
Patron Tequila
Grey Goose Vodka
Crown Black
Maker Mark

Champagne

Includes Cooks Champagne

Add on to bar package

\$4 per person

Stand Alone Package

\$6 per person

Mimosa Bar

Cooks Champagne, Orange Juice
and Cranberry Juice

Add on to bar package/\$4 per person

Stand Alone Package/\$6 per person

Soda / Mixers / Garnishes

Coke/Diet Coke/Sprite/Ginger Ale/Water

Tonic Water/Club Soda

Orange Juice/Cranberry Juice/Pineapple Juice,
Sour Mix, Lemons, Limes, Cherries and Oranges

Additional Fees

Bartender/Staffing

\$40 per hour up to 50 people
(1 bartender & 1 attendant)

\$65 per hour over 50 people
(two bartenders and one attendant)

* 20% service fee + Hillsborough County Tax will be added to all bar packages

Beer, Wine, Liquor Confirmation



Resident Name: _____

Event Date: _____

Time: _____

Number of Attendees: _____

Alcohol Package selected: _____

Cost per complete package, details as follows:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

By signing below you acknowledge the terms of this contract and agree to adhere to all rules and policies listed herein.

- No outside beverages are allowed on premises per state law. Guests that violate the terms of the contract will be asked to leave the premise immediately, their alcohol confiscated, and the renter will forfeit their damage deposit.

Resident Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____

* 20% service fee + Hillsborough County Tax will be added to all bar packages

Facility Rental Request Form & Waiver

Thank you for your interest in renting a facility within our community. This request form and waiver must be completed for all facility rentals. Residents must read and agree to follow the Facility Rental Guidelines.

Renter Information:

Full Name: _____

Address: _____

Home Phone () _____ Alternate Phone () _____

Email address: _____

I am sponsoring a non-resident's use of the MiraBay facilities: YES NO

If sponsoring for non-resident please list their name and phone number: () _____

Event Description: _____

Desired Date: _____ Alternative Date: _____

Start Time (includes set up): _____ AM PM

End Time (includes clean up): _____ AM PM

Expected Attendance: _____

Facility Rental Request Form & Waiver

Will alcohol be served? YES NO
(must purchase bar package from MiraBay Club)

Will a caterer be used? YES NO

If YES, Caterer Name : _____

YOU ARE RESPONSIBLE FOR ENSURING THAT ALL VENDORS SUBMIT A CERTIFICATE OF LIABILITY INSURANCE NAMING THE HARBOR BAY CDD – 280 International Parkway Suite 250, Lake Mary, FL 32746 AS ADDITIONAL INSURED.

THIS FORM SHOULD BE EMAILED TO ACTIVITIES@MIRABAYCLUB.COM OR DROPPED OFF AT THE MIRABAY CLUBHOUSE (SEE GUIDELINES FOR DETAILS).

Area Requested (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Lagoon Room (Full Room) | <input type="checkbox"/> Promenade |
| <input type="checkbox"/> Lagoon Room (1/3 or Card Room) | <input type="checkbox"/> Admiral Pointe |

Statement of Understanding and Waiver of Liability

I, _____, the undersigned, have read and agree to follow the Rental Usage Guidelines for reserving the Facilities. I understand and agree that any damages to the Facility will be deducted from my deposit and any damages in excess of the deposit will be charged to me. The Harbor Bay CDD retains the right to suspend my use privileges without reimbursement until such damages are paid.

I understand and agree that I am solely responsible for any liability resulting from the use of the Facilities by myself and/or my guests. I also acknowledge and understand that there will be no lifeguards on duty during my use of the Facilities and agree that I am solely responsible for any liability resulting from the use of the pools by myself and/or my guests

MiraBay®



Facility Rental Request Form & Waiver

Statement of Understanding and Waiver of Liability Continued

I hereby release, indemnify, and hold harmless the Harbor Bay CDD, Vesta Property Services., their employees, contractors, and affiliates, from, and against any and all claims, demands, actions, causes of actions, suits, liabilities, damages, losses and costs of any kind or nature, including attorney's fees, costs and expenses, arising from the use of the Facilities.

For Lagoon Room Rentals:

I understand that this request is only for use of the Lagoon Room at the MiraBay Club and this use does not include party guest use of other Amenities including the resort pool area, Admiral's Lounge, Galley Café, Clubhouse Patio, Fitness Center, Locker Rooms, Saunas, Dockers, Outfitters, tennis courts, pickleball courts, basketball courts, playgrounds and tot lots.

If alcohol is served, it is the undersigned's responsibility for any and all actions of the guests and invitees. Any violations of the rules of this agreement or the facility rented will cause the undersigned to lose all or a portion of their deposit monies.

Renter Signature

Date

Printed Name

Event Approved? YES NO If NO, why? _____

PAYMENT & DEPOSIT (Only for Lagoon Room Rentals)

\$300 Deposit (check ONLY) Received On _____ Shred Check Return Check

Received By _____

Check Number _____

Room Rental Fee \$ _____

Paid On Date _____

Check Number _____ or Paid by Card

Staff Reviewed & Approved / Not Approved Initials: YES: _____ NO: _____

Date: _____

Club Staff Point-Of-Contact Assigned to this event (day of event) _____

Copy of Certificate of Insurance Received _____ (attach as needed)

