BEFORE EVENT INSPECTION

Rental Date: _____ **Resident Name:** _____

A Clubhouse Committee member must walkthrough with the renter and go through the checklist together. This form will not be accepted unless signed by both parties and therefore the event is unconfirmed.

	YES	NO	
1.	☐	☐	Are all the rooms, floors, fixtures and appliances clean?
2.	☐	☐	Is there any damage to the walls or ceiling?
3.	☐	☐	Is there any damage to the floors? Pick Up tables to be moved – do not slide across floors
4.	☐	☐	Are any kitchen utensils or appliances missing or damaged?
5.	☐	☐	Is there any damage to kitchen counter tops, cabinets, or fixtures?
6.	☐	☐	Are light fixtures, mirrors, or bulbs damaged or missing?
7.	☐	☐	Is there damage to bathroom cabinets, counter tops or fixtures?
8.	☐	☐	Toilets and faucets tested?
9.	☐	☐	Is there damaged or missing furniture?
10.	☐	☐	Is there any damage to the ceiling fans, inside or outside?
11.	☐	☐	Is there any damage to the decks or porches?
12.	☐	☐	Is there any damage to the windows or doors?
13.	☐	☐	No drinks on the stone table; be careful not to stain entrance white rug.
14.	☐	☐	Return the tables and chairs in the same manner they were found – see photo layout.
15.	☐	☐	ONLY middle double doors can be opened. Double doors on either end cannot be opened.
16.	☐	☐	The utility room, inside men's bathroom, has cleaning supplies – **Clubhouse must be cleaned, floors mopped (water only), and ALL trash removed to outside bins.**
17.	☐	☐	Keep all sidewalks clear of cars/ no parking in the half-moon driveway.
18.	☐	☐	Do Not Use Fireplace
19.	☐	☐	No Entry to Lower-Level Stairwell
20.	☐	☐	No Clear Tape (only Masking) on Painted Walls/Trim

Revised January 2026

WiFi Login: Canoe Clubhouse **Password: CanoeClub$4519***

21. ☐ ☐ No Grills, fireworks, or candles or live fires of any kind

22. ☐ ☐ No Smoking or any kind within 25 feet of structure

23. ☐ ☐ Posted Rules are acknowledged.

24. ☐ ☐ Before photos taken of spaces within

25. ☐ ☐ Resident is aware Set-up occurs the day of the event and must be present the entire duration of the Event.

26. ☐ ☐ Other_____

Signatures:

Inspector: _____ Resident: _____

Key/ FOB or Key Code issued: _____ Date_____

The copy of completed form will be emailed to the Host Resident.
Call or Text Angie Barnett at 678-221-8158 if any questions or issues.