

TROON FORMS

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TROON COMMUNITY CENTER RENTAL REQUEST

Unit Owner/Resident Name	Phone Number
Unit Owner/Resident Address	Event Date
Event Hours (from/to)	Approximate Number of Guests (Limit 55)
Cash Only: \$140.00 (rental fee)	Refundable Check\$100.00 (refundable damage/cleaning fee
Type of Event	
and conditions prior to renting the	o the residents of Troon. Residents must agree to certain rule e center for private entertaining. Read the rules below, then sign you agree to all conditions. At the end of your event fill out the vide your signature and date.
1. The resident reserving the Commute the actions of his/her guests while	unity Center room must be present at the event and is responsible for
It is the responsibility of the reside condition at least as good as it wa and if cleaning or repair is required	nt reserving the Community Center room to return the facilities to a sprior to the event. The facilities will be inspected by a Troon agent d after you vacate the building the cost will be deducted from the event Checklist for inspection list.) Damage fee will be refunded if facilities.
3. The rental includes the Great Roo rooms are off-limits to guests.	m, Sitting Room, and restrooms only. The pool, library and exercise Under no conditions should the gate to the pool be unlocked. ide the Community Center without proper adult supervision.
4. Guests must wear proper attire an must be scheduled between the he5. To conserve heating and air condi	d respect the privileges of other Troon residents. Parties and events ours of 9:00 am and 11:00 pm. Noise levels should be reasonable. tioning all outside doors must be kept closed except for wheelchair
	cked or taped to any painted surface. Confetti may not be used. unity Center must supervise guest parking, limiting it to the designated
8. If the fireplace in the Great Room for any smoke or fire damage. The9. Neither the Council of Co-Owners	is used, the Unit Owner/resident is responsible for its use, and is liable e fireplace gas must always be turned off prior to leaving the facility. nor the management company is responsible for injuries to Unit
renting the community center is lia 10. The appropriate fee and damage of weeks before the date reserved for	e using any area of the Community Center. The Unit Owner/resident able for any and all damage and injuries. deposit must be paid and this agreement must be signed at least two or the event. All information requested at the top of this form must be
	weeks in advance, if possible. Rental is not available on New Year's ster, Derby Day, Memorial Day, Fourth of July, Labor Day,
THE COMMUNITY CENTER	MAY NOT BE RENTED IF MAINTENANCE FEES ARE IN ARREARS
Signature of Resident	Date

Signature of Approving Authority ______ Date _____

TROON COMMUNITY CENTER EVENT CHECKLIST

Before vacating the premises, you must complete the following checklist. Place a check mark for each completed task. Sign and date this form and leave it on the counter in the kitchen area.

	No liquids are to be placed in garbage bags. Empty in sink before disposing of container.
	All trash (Outside and Inside) has been picked up; trash has been placed in plastic bags and placed in the garbage bin outside the door of the kitchen closet.
	Remove cigarette butts left around designated smoking areas outside the building.
	All carpets have been vacuumed. Any stains in the carpet have been removed.
	Tile floors have been swept.
	All decorations have been removed. Any marks or scuffs on surfaces, walls and woodwork have been removed.
	Furniture has been placed back in original position. Any stains on upholstered furniture have been removed.
	Restrooms have been checked and cleaned. Trash bags have been removed & replaced, trash bags have been put in trash can in kitchen closet.
	Kitchen counters, refrigerator / freezer, microwave and coffee maker have been cleaned.
	Towels, dishcloths and any dirty linens have been cleaned and returned to clubhouse.
	All glass surfaces have been cleaned.
	Ceiling fans and all lights have been turned off.
	If used, the fireplace gas logs have been turned off and the glass doors closed.
	All doors to the Community Center have been locked.
Signa	ature of Resident
Dato	

Revisions: 8/30/18; 2/7/18; February 2013, February 2024 (CC checklist), 9/2/25

TROON HOMEOWNERS ASSOCIATION, INC. Application for Exterior Modification and/or Landscaping

Na	e Address	
Но	e Phone Cell Phone Email	
A.	Description of your proposed project. Include specific details (If landscaping, include name of tree/shrung f building project include dimensions, materials, etc.)	ub(s).
В.	Work to be completed by self or by contractor Contractor Name	
C.	f appropriate, attach a copy of the plan with your application.	
D.	Fimeframe for project	
F	Read the following and sign/date at bottom to indicate that you fully understand and agree with the	

- No work on the modifications included in this application will commence until I receive written approval from the Troon Homeowners Association. To do so is a violation of the Troon Master Deed and may result in my being required to remove any or all of the modifications, should they not be approved, and restore my property to its original condition at my own expense. I understand I may be held responsible for all legal fees incurred by the Association in enforcing the provisions of the Master Deed.
- The approval of this application is not based on any structural integrity. I agree to comply with any and all applicable Jefferson County zoning and building codes as required. I will contact Jefferson County

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provisions of this application.

- Code Enforcement for information on any necessary permits and inspections. The approval of this project satisfies only the requirements of the Troon Homeowners Association.
- Any approval is contingent upon the modifications being completed as depicted in the original and modified application packages and no deviations may be undertaken without approval of the Troon Homeowners Association.
- Any disturbed common area must be restored to the satisfaction of the Troon Homeowners Association within ten (10) days of written notice to me. If not restored, the Association will restore all disturbed areas and assess the cost, plus administrative charges to me.
- I am responsible, at my sole cost and expense, for any and all damage, maintenance, repair, or upkeep, now and in the future, related to the modification(s) listed herein, whether it be on the interior or exterior of my unit. This responsibility shall transfer to a new owner in the event this unit is sold, or title is transferred to another party. The Troon Homeowners Association is released from any responsibility regarding problems related to this modification.
- I agree to disclose the conditions of this modification to any prospective new owner. This application will not be processed for any resident who is in arrears for any dues or fees owed to Troon Homeowners Association.

F. Signature of Owner	Date
	Return this original form to any Board Member or
	Troon Homeowners Association
	c/o Kentucky Realty Corporation
	3330 Pinecroft Drive
	Louisville, KY 40219

Contact Kentucky Realty Corporation for questions at (502) 473-0003, FAX (502) 473-7269

For use by Troon Homeowners Association				
Date Application ReceivedAuthorized Signature				
Comments or reason for denial:				



WAIVER FOR WATERING GRASS DURING HOMEOWNERS ABSENCE

Your Name
Address
Phone During Absence
I give permission to use my Name of Resident or Designated Person
outside faucet to water plants, grass and/or shrubs at the
address shown above. I do not hold the Troon Homeowners
Association, nor the resident/designated person shown above,
responsible for any damage, including pipe breakage or leaks.
Resident Owner Print Name
Resident Owner Signature
Date Signed

Revisions: 8/30 Restainmisigned ryvaive entrone authrenth Told QA9 boostd member prior to initiation of request.