

Reservation No. \_\_\_\_\_



**SPAULDING PLACE COOPERATIVE  
RESERVATION AGREEMENT**

NAME(S) \_\_\_\_\_ PHONE # \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

UNIT SELECTION		SHARE PRICE	MONTHLY FEE
UNIT #	TYPE		
1 <sup>st</sup> Choice (Priority)			
2 <sup>nd</sup> Choice (Option)			

I, (We) hereby deposit \$500.00 to assure priority for unit selection and membership application at **Spaulding Place Cooperative** in Black River Falls, Wisconsin. I (We) understand that this Reservation Agreement constitutes assurance of priority consideration only in accordance with the reservation number shown above and is not an agreement on my part to complete all membership requirements. I (We) understand that the reservation process is the first part of becoming an owner at Spaulding Place Cooperative and that additional qualifying requirements must be met. If I (we) do not wish to retain this reservation priority, my (our) deposit is fully refundable upon written request, and understand my (our) priority is then void. The reservation deposit is non-interest bearing. I, (We) acknowledge that at least one member applying for membership must meet the minimum age criteria of age 62 and that Spaulding Place Cooperative is a smoke-free community including all common areas and dwelling units.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received and/or currently held in trust by \_\_\_\_\_ Check # \_\_\_\_\_

(Jay Eddy, Manager/Representative)

Please make your check payable to **Spaulding Place Cooperative**  
1374 Van Buren St. Black River Falls, WI 54615 (715) 284-8400