

TOWN OF MOUNT GILEAD

Stanback Pool Reservation Application



Name:			
Rental Date Requested:			
Mailing Address:			
City:	State:	Zip Code:	
Best Contact#:	How 1	Many People: (Under 50)	(Over 50)
2 Hours <u>Under</u> 50 Guests: \$100 2 Hours <u>Over</u> 50 Guests: \$120 (ad	ditional lifeguard)	3 Hours <u>Under</u> 50 Guests: \$3 Hours <u>Over</u> 50 Guests: \$3	5125 155 (additional lifeguard)
NO POOL RENTALS ALLO		GULAR BUSINESS HOUI PM ON SAT-SUN.	RS OF 1PM-5PM MON-FRI
<u>** F</u>	RAIN DATES SUB	JECT TO AVAILABLITY	** —
4. Renter is allowed to food or drink inside5. Renter is responsible6. Renter must bring the7. Town of Mount Gile	POO of any kind perr ut a lifeguard on y pool rules at al es can result in imme bring food and o the pool. No gril e for clean up of eir own trash b ad is not respon ave all valuables	L RULES mitted on any park/pool duty. Il times. diate dismissal from the prop drink but must be set up all trash prior to leavin ags and paper products sible for loss or damage s out of sight and remov	erty) o in designated areas. No roperty. g the pool. to any personal re all jewelry prior to

I have read and agree to all prules can result in immediate discretion.			
Applicant Signature:		Date:	
Typncant Signature.	 		