



RESERVATION FORM: for Pavilion

Name _____ Phone Number _____

Date & Time requested _____

Approximate total number of attendees expected (up to 20) _____

Who will pay guest fees (\$5 for each non-member)?

(circle one) [guests as they arrive] [member at end of event]

I, _____ have read and understood the policies for the use of Montclair Swim Club facilities by my group. I agree to abide by these policies and to be responsible for the conduct of my group from damages to the facility arising out of usage.

I understand that a \$10 deposit must be made in order to reserve the pavilion. I also understand that if I wish to cancel the rental, the deposit is non-refundable. Payment is due in full at the time of use.

I hereby release Montclair Swim Club from all liability to myself or persons under my responsibility caused by behavior or actions deviant to the policy and rules and regulations set forth by Montclair Swim Club.

Member's Signature

Date

Manager's Signature

Date

Turn into pool manager or mail signed form and payment to: Montclair Pool Association
PO Box 37
Edwardsville, IL 62025