

The Collington Party Club – After Hours

AFTER-HOURS POOL PATIO RENTAL AGREEMENT AND APPLICATION

RESIDENT NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ PHONE #: _____

CHILD/ADULT NAME _____ REQUESTED RENTAL DATE: _____

RULES AND REGULATIONS

- ❖ All reservations are on a first come, first served basis.
 - ❖ All reservations REQUIRE a 15-day advance notice. Failure to provide 15-day notice will result in forfeiting your deposit.
 - ❖ All parties are allotted a 2-hour limit (no extensions).
 - ❖ All swimmers are REQUIRED to wear appropriate swim attire.
 - ❖ All party participants are REQUIRED to wear wristbands showing event date/time (provided).
 - ❖ All pool rules/regulations MUST be followed.
 - ❖ All fees are due at the time the party has been confirmed/booked.
 - ❖ The clubhouse CANNOT be used at any time as a part of this rental.
 - ❖ Glassware or breakable items within the pool area are prohibited. There is ZERO tolerance for this and you will be subject to a fine that includes, but is not limited to, the cost associated with draining, cleaning and refilling the pool. You and your household's pool privileges may also be suspended. As the renting party, this entire responsibility falls on your household for all guests in your party.
- RESIDENT MUST INITIAL HERE: _____

PLEASE CHECK ALL THAT APPLY

NUMBER OF CHILDREN/ADULTS:

- ☐ UP TO 50
☐ More than 50

DAY/TIME:

MONDAY – SUNDAY

- ☐ AFTER 8 P.M.

HOLIDAYS

- ☐ AFTER 7 P.M.

FEES

- ☐ UP TO 50 CHILDREN/ADULTS - \$210+\$100 SECURITY FEE
- ☐ MORE THAN 50 CHILDREN/ADULTS – QUOTE REQUIRED

\$210 – EACH HALF-HOUR EXCEEDING THE RESERVED TIME SPAN
\$100 – CLEAN-UP FEE (ALL PARTIES ARE REQUIRED TO CLEAN UP. FAILURE TO DO SO WILL INCUR THIS FEE.)

INCLUDED

- ❖ Reserved covered area
- ❖ Grill (propane is NOT included)
- ❖ Three (3) picnic tables
- ❖ Unlimited access to *Splash Park and Pool*

NOTE: Upon completion of all parties, non-Collington guests are REQUIRED to depart all premises.

APPROVALS

RESIDENT

SIGNATURE: _____ AMOUNT RECEIVED: \$ _____ DATE RECEIVED: _____

RESIDENT NAME:

(PLEASE PRINT) _____ APPROVED BY: _____