



# 2024 Womelsdorf Pool Season APPLICATION FOR USE OF FACILITIES

Name of Person/Organization:			
Applicants Name:			
LAST		FIRST	
Address:			
STREET	CI	ТҮ	ZIP CODE
Phone Number(s) :			
НОМІ		:LL	WORK
Email Address:			
	hared with anyone)		
Purpose of rental:	Date o	or Dates Desired:	
Time: From to	Number	of persons attending:	**
**A list of everyone attending includ the party. (Minimum of TWO (2) DAY	<b>.</b>		
Person responsible:			
Phone Number:			
(MUST be of age <b>21</b> or older and must be pre	esent for duration of event)		
Address of person responsible:			
	STREET	CITY	ZIP CODE
Requesting use of Pavilion? Yes _ (Pavilion has electric and picnic ta requested. Deposit will be refund	bles available for use. Ther	•	equired if pavilion is

All applications for use of pool facilities and payments MUST be processed at the Borough Hall. Payments will be accepted in the form of CASH, CHECK, MONEY ORDER OR CREDIT CARD. If paying by credit card, a 3% convenience fee will be applied per transaction. Final payment must be submitted a minimum of ten (10) days prior to the event. Cancellation of a rental within ten (10) days of event will only be refunded if facility is closed by the Borough. The event may be rescheduled up to two (2) days prior to the originally scheduled date, based on availability.

## **Womelsdorf Borough Pool Rental Fees**

#### Private Party:

#### Member (Individual or Family)

- o \$50.00 per hour until Pool Closing Time
- o \$100.00 per hour after Pool Closing Time
- o \$25.00 per hour light usage starting at 7:30 p.m.

### Non-Member (Individual or Family)

- o \$75.00 per hour until Pool Closing Time
- o \$125.00 per hour after Pool Closing Time
- o \$25.00 per hour light usage starting at 7:30 p.m.

#### **Non-Profit Organizations**:

- o \$3 per person (MAX 4 hours duration) Only until Pool Closing Time.
- o \$100.00 per hour after Pool Closing Time
- o \$25.00 per hour light usage starting at 7:30 p.m.

## \*\*Each event includes 50 people. Every 25 people after is an additional \$15.00\*\*

Payment Method: Cash Check/Money Order # Credit Card  Deposit Amount: Cash Check/Money Order # Credit Card
Deposit Amount: Cash Check/Money Order # Credit Card
Deposit Return Date:
Date Payment Received:
Payment accepted by:
Event Approval by Pool Committee: Date: