

SHANNONDALE MAHOGANY SWIM CLUB, INC.  
POOL RENTAL RESERVATION FORM

Pool Rental Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

Day of week: \_\_\_\_\_

Time: 9:30-11:00 p.m. \_\_\_\_\_ 9:30-11:00 a.m. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Emergency contact name & phone #: \_\_\_\_\_

Rental Fee:       \$100.00 for up to and including 25 people  
                      \$125.00 if over 25 people

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Received by: \_\_\_\_\_/\_\_\_\_\_

50% Deposit required

Deposit Check #: \_\_\_\_\_

Final Payment Check # \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_