

BRISBANE COMMUNITY POOL RENTAL FORM



BRISBANE COMMUNITY POOL
2 Solano St., Brisbane, CA 94005
Phone Number: (415) 657-4321
Fax Number: (415) 467-4989
www.brisbaneca.org

1) RESERVATION REQUEST

Application Date: _____

Contact Person: _____

Organization (if applicable): _____

Day Phone: _____ Evening Phone: _____

Address: _____

Email: _____

2) EVENT

Date: _____ Day of the Week: _____

Starting Time: (include time for set up) _____

Ending Time: (include time for clean up) _____

Number Attending: _____ (under 18) _____ (18+)

3) EVENT DESCRIPTION- Please describe your event, be specific. (Birthday party, Swim Meet, Corporate, etc)

4) SIGNATURE

I have read and understand the Brisbane Community Pool Birthday & Private Rental Policies as well as the pool rules. I understand that failure to observe these regulations or City, State or Federal law will result in cancellation of my event and forfeiture of all fees paid for the event.

Applicant's Signature

Date

OFFICE USE ONLY

Received by: _____ Date: _____ Fees: \$ _____ Date Paid: _____

Cash // Check Check # _____