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 // CheckCheck #___________