

Strasburg Pool Rental Application

Applicant's Full Name:		
Organization (if applicable):	_	
Phone Number:	Patron Esti	imate:
Email Address:		
Applicant's Physical Address:	:	
Date(s) Requested:		
PLEASE NOTE: Pool rentals are avail 7:00-9:00PM for private gatherings. 0 additional \$25, we welcome groups a complete until payment is received.	Cost is \$150 and is limi	ited to 40 swimmers. For an
RENTAL FEE: \$150 Payment may be made via cash/debi Cash payments must be exact. Credit and Town Pool.		
REFUND POLICY: If party is canceled paid, excluding a \$25 processing fee, 48 hours of the start time of party. determined by management.	will be refunded. No r	efunds if canceled less than
STAFF USE Date Request Approved:	Yes □ No □	Other:
Payment Received: Y / N	Credit/Debit	□ Cash □
Staff Member:		Date: