



**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: \$ _____