

LEECHBURG AREA POOL, INC.
P.O. BOX 624
LEECHBURG, PA 15656



A NON-PROFIT ORGANIZATION Serving Recreational Interests of the A-K Valley

I, _____, have agreed to rent the Leechburg Area Pavilion on _____ from the hours of _____ to _____. I understand that set up and clean up must be done within this time frame or an Early Arrival/Late Departure fee of \$50.00 will be incurred.

It is understood that the rental fee shall be received, in full, two weeks prior to the rental date or the deposit and date are forfeited. Full payment for this rental must be received by:

Rental Rules & Policies:

- To reserve a date on the calendar, a \$75.00 deposit must be included with this rental form.
- Deposit will be forfeited if the pool office is not notified of a cancellation at least 48 hours prior to the event.
- Pool & pavilion rental are on a first-paid, first-served basis. Also, rental prices are subject to change from year to year; so any person renting for next year will be required to pay any rate change.
- Tables may be moved but must be returned to their original places or a \$50.00 convenience fee will be assessed.
- If inclement weather is a factor, the pool manager's discretion will be utilized as to a refund or a reschedule of the date.
- When the pool/pavilion is rented by a pool member, that member must be present for the entire event. The member's signature will be required at the start of the rental period.
- A personal ID (license, credit card, etc) is required for non-members, and will be held during the event.
- No alcoholic beverages are permitted on or around the pool property. This will be enforced & authorities will be notified if necessary.
- Clean up all trash & place it in the proper receptacles around the area. Failure to do so may result in a \$50.00 clean-up fee.
- Additional rules may be found on the Pavilion Rental Rules Form

Name (Print): _____ Signature: _____

Phone #: _____ Date: _____

Office Use Only

Deposit Fee Paid: \$ _____ Rental Rate: \$ _____
____ Cash ____ Charge ____ Check# _____

Employee Initials: _____ + Additional Fees: \$ _____
- Deposit: \$ _____
Balance Due: \$ _____

Full Payment Received: Date: _____ Amount _____
____ Cash ____ Charge ____ Check# _____

Employee Signature: _____