Pool Rental Application Wheatlands



Home Owner (Required)

Name:	Date:		-
Primary Contact:	Phone:		-
Email address:			
Address:	City:	Zip:	-
Pool Party: \$100 refundable deposit in and secure life guards. Deposit will be a after reservation date if payment has be 7 days PRIOR to reservation, the reservation be two separate checks. Pool management of the second secon	mailed back to addres een received. If pays ation will be cancelle	ss listed on this for ment has not bee ed. Deposit and p	orm 7 days en received payment
\$15 per life guard per hour (1 gu	ard for every 20 gue	ests, max of 30)	
Date of Reservation:	Type of Fund	ction:	
Number of guests:	Time reques	ted:	
Total amount due:	<u> </u>		
I understand that rental fees are due 7 policies of rentals. Failure to do so will			ne rules and
Homeowner Signature	Date		-
Checks Payable to the Aurora YMCA			
Please mail deposits and payments to:			
Auro	ra Family YMCA		

Aurora Family YMCA Attn: Rental coordinator 27151 E Lakeview Dr Aurora, CO 80016