Briarcliff Pool Rental Application Form



All patrons must follow Briarcliff Pool Rules & Cleanup after party or deposit will be forfeited.

CASH Payment must be received 7 days prior to rental date

Name of Responsible Adult that will I	be present:	
Email:	& Phone:	
Date of event:	_ Day: Sun Mon Tues	Weds Thurs Fri Sat
Purpose of Event:		
Requested Time:	# of Swimmers:	Approved Time:
Circle one of the following choices:	Main Pool Only or Mair	า Pool & Deep End
Signature of Responsible Adult:		
	For Briarcliff Use On	у
Approved: Yes/No	Cost of Rental:	
Cleaning Deposit Due at Booking (Refur	ndable): \$25.00	
Rental Paid: Dep	oosit Paid:	
Date Paid: Receipt no: _		
Deposit Returned: YES or NO		
Signature of person receiving refunded d	eposit or reason deposit was not re	funded:

28168 Old Rainier Rd, Rainier, OR Phone: **503-556-3777 ext. 409**