

## **PAVILION USE RESERVATION REQUEST**

rosrc.pavilion@gmail.com

ROSRC MEMBER NAME:
Email:
Address:
Phone:
PURPOSE FOR USE OF PAVILION:
REQUESTED USE DATE:/
TIME PERIOD (max 4 hours):
# of Guests
General Age of Participants:
\$50 Deposit Required to hold reservation (see rules on how to pay)
Reserving Member Name (Printed)
I,, acknowledge that I have <u>read and agree to abide by a pavilion use and pool rules.</u> I will also ensure that my participants will follow pool rules during my event.
Date:/
Date received by pool reservation designee: / /