

ST. CHARLES COMMUNITY ASSOCIATION 2022 POOL PARTY REQUEST

Private Property Owner
events only. Events not
open to the public.

POA Member Name

Email

Address

Cell Phone

Eligibility: POA Member account must be paid in full and in good standing. Host POA Member must stay in attendance at party.

Schedule: Pool Party Request form (available online) must be completed a minimum of 3 days in advance of the requested date/time. Email all completed forms to stcharlesrpool@hotmail.com for party approval and scheduling.

Payment: Pay fee in full to Pool Staff by credit card once Pool Manager approves the party. Party is not final reserved until payment is made in full. **\$150 for 2-hour pool party.**

Attendance: Semi -Private Party options on Thursday or Saturday. Two time options offered: 11 AM – 1 PM **OR** 1:30 PM – 3:30 PM

Max 15 members & guests – total includes all invitees – residents and non-residents, swimmers and non-swimmers.

Details: Wristbands will be issued for party attendees. Party includes the use of two round iron tables on the deck. Non-residents must leave the pool facilities by the end of the party time. Resident host is responsible for restoring the cleanliness of the party area, as well as being financially responsible for any damages to the facility or property. Party clean-up must be completed by party end time or additional fees may apply. Admission may not be charged for admittance to pool parties at St. Charles Pool. All rules and policies for daily pool use also apply to pool parties.

Cancellation: 2-day notice prior to party in order to cancel & receive full refund. Submit written request to Pool Manager for approval.

Refund: SCCA refunds Pool Manager-approved written refund requests (for cancellation or rain out) by end of 2021 pool season.

1. Indicate Date for Type of Party & Number of Guests

Day/Date: _____ (Thurs. or Sat.)

Time: _____ (11AM – 1 PM or 1:30 PM – 3:30PM)

Number of Attendees (up to 15): _____

Attendees' Ages: _____

Host Family Members (Registered Residents) Number and Names: _____

2. Sign My signature below certifies that I agree to be present at all times during the reserved time and I have read and agree that all attendees of the requested event will comply with the St. Charles Community Association Pool Rules. I hereby accept responsibility for restoring the cleanliness of the facility, as well as, financial responsibility for any damages that may occur to the facility or property within. If maximum attendance is exceeded, I agree to terminate event immediately. See pool rules for additional party details.

Date _____ POA Member Signature _____

3. Submit Payment to: St. Charles Pool Staff at Pool Office (stcharlesrpool@hotmail.com)

Payment of \$ _____ Pymt. Type _____ Date Rec'd _____ Staff Signature _____

SCCA Dues
Current:
Yes or No

Bottom Portion for Pool Staff Use Only

CONFIRMATION OF SCCA POOL PARTY REQUEST

Date of Party _____ Time _____ POA Member Name _____

Amount Paid \$ _____ Pymt. Type _____ Address: _____

Reservation & Payment Taken By: _____ Date Rec'd: _____ Pool Manager Authorization: _____