

ST. CHARLES COMMUNITY ASSOCIATION 2024 POOL PARTY REQUEST

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

POA Member Name

Email

Address

Phone

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

Schedule: Signed request form required **BEFORE** Party Request can be confirmed. Must book & pay 3 days prior. Form available at the pool or online at www.stcharleslr.com Email completed forms to: saintcharlespool@gmail.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. See rates below.

Semi-Private Party \$150: Held during normal Pool Hours: Available on **Monday, Tuesday, Thursday, Friday Saturday;** Times offered: **11AM – 1 PM OR 1:30 PM – 3:30 PM** **Max 15 guests** – total includes all invitees – swimmers/non swimmers; host family registered members only not included in count. Includes use of 2 tables or 1 picnic table. Wristbands issued for party attendees. Non-residents depart at party end. List registered resident members here:

Private Party \$300: Held after hours **8 pm – 10 pm: Max 60 members & guests** – total includes swimmers/non-swimmers

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

/ /2024	/ /2024
# Attendees/Age*	# Attendees/Age*
8 PM – 10 PM Only	11 am – 1 PM OR 1:30 PM – 3:30 PM
Private Party After Hours 2 hours Max 60 2 guards	Semi-Private Party Weekday Pool Hours 2 hours Max 15 staff on duty
\$300	\$150

Cancellation : 2 day notice prior to party in order to cancel and request 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 2024 pool season.

Resident Hosts are 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 or additional fees will apply. Admission may not be charged to pool parties at the St. Charles Pool. All rules and policies for daily use apply to pool parties.

*indicate age range for minors

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 and/or pay Private Party Rate if it is a semi-private party. See pool rules for additional party details.

Date _____ POA Member Signature _____

3. Submit Payment to: St. Charles Pool Staff at Pool Office (saintcharlespool@gmail.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: _____