



CITY OF GRAHAM
MUNICIPAL SWIMMING POOL
RENTAL APPLICATION

NAME OR ORGANIZATION: _____

*Responsible Party: _____

Address: (Must reside within Graham City Limits) _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Requested Date of Use: _____ Hours From : _____ (a.m./p.m.) To : _____ (a.m./p.m.)
Month/Day/Year

_____ Approximate number of Swimmers (So we can have required number of Lifeguards for Party)

Purpose of Use: _____

The undersigned has read the attached rules and regulations for the rental and use of the Graham Municipal Swimming Pool facility and fully understands and agrees to be personally responsible for any damages or losses to the pool area, restrooms or furniture. It is understood that no more than actual repair or replacement cost will be charged and any such amounts shall become due and payable upon receipt.

Responsible Party: _____ Date: _____

***Copy of Driver's License is Required**

Rental Fees: ▶ **Deposit: \$50** ▶ **Pool Rental: \$75 per hour** ▶ **\$1 per person for party of 50 or more**

For Office Use Only

_____ + _____ + _____ = Total Fees Received: _____
Deposit Pool Rental \$1/each for 50 or more

City of Graham Representative: _____ Date: _____

Kris Neal Corbett, Pool Manager, Cell: 970-406-0818