



Craneridge Association, Inc.
PO Box 77
Glenwood, NY 14069-0077

Agreement and Reservation of Pool and/or Pool Shelter or Meadow Shelter for Craneridge Residents Use

Name of Responsible Resident: _____ Lot # _____
 Address: _____ Phone: _____
 Date of Event/Party: _____ Location: Shelter at Pool Shelter at Meadow (circle one)
 Type of Event/Party: _____
 # of participants: _____ Alcohol WILL or WILL NOT be served at this event/party (please circle one)
 Time Starting: _____ am/pm Ending: _____ am/pm
 Any special equipment, facilities, etc. bringing onto Craneridge property or being used: _____
 Special request for equipment/other: _____

We understand and agree that our guests will abide by all Craneridge Association pool rules posted in and around the pool. If using the pool beyond normal hours of operation, we will personally contract with a lifeguard for services. We agree that the named responsible adult(s) will supervise the party at all times. If the party is during normal pool operating hours, we understand that the Health Department stipulates a maximum number of swimmers allowed and that Craneridge resident's pool use take precedent over our guests. In addition, the event/party will end no later than 10:00pm if held on a weekday or 11:00 pm Friday, Saturday or Sunday night. Should any damage occur as a result of the actions of any participants, we will be responsible for the cost of repair or replacement. If serving alcohol, no one under the age of 21 will be permitted to consume alcoholic beverages. We understand that failure to comply with these rules could result in a fine and/or the cancellation of our event/party.

Upon the completion of the event/party, within 12 hours, we will be responsible to clean up the pool and pool shelter area including emptying the garbage cans (place bags in pool house and refill the cans with new plastic liners). If we fail to do so, we understand that we will be accessed a fee for this service.

Along with this signed agreement we submit a deposit of \$100 in the form of a check payable to Craneridge Assoc., which will be returned upon the satisfaction of this agreement.

 Signature of Resident

 Date

Send form to PO Box 77 or call Amanda Bowen @ 592-7212. Upon approval, you will be notified and your reservation will be noted on the Craneridge Calendar