



Hillandale Swim & Tennis Association Rental Agreement

Name: _____ Phone Number: _____

Email: _____

Requested Party Date: _____ Start Time: _____ End Time: _____

Purpose of Party: _____

Number of Guests: Children _____ Adults _____ TOTAL: _____

TOTAL Number of Guests Planning to Swim in Main Pool: _____

Most guests with children will remain in baby pool area: Yes _____ No _____

Number of Guests	Fee	Enter Fee
Up to 10 <input type="checkbox"/>	\$50	
11 - 20 <input type="checkbox"/>	\$75	
21 or more	_____ x \$4	
	TOTAL	

Please Note:

1. All guests **MUST** sign in at front desk upon arrival and receive a guest wristband.
2. All guests **MUST** follow pool rules.
3. Absolutely **NO** alcohol permitted.
4. **All fees must be paid by conclusion of the party. Make checks payable to HSTA.**
5. **If pool is closed due to weather**, an alternate Rain Date will be honored (if requested and available). If no Rain Date is agreed upon, deposit will be returned.
6. **If the pool is open** but party does not occur, deposit will NOT be refunded.

PLEASE CHECK ALL THAT APPLY:

_____ Yes, Party requests that _____ (number) Picnic Tables and/or Round Tables be moved by guards into Baby Pool area.

_____ Yes, Party requests that _____ Picnic Tables on the Hill be reserved.

_____ Yes, Party requests that Grill on the Hill be reserved. Party will provide charcoal and all utensils needed to cook. Staff will start fire if requested.

Signed: _____

Date: _____

Return signed agreement and \$20 nonrefundable deposit no later than one week prior to the party. All checks made payable to H.S.T.A.

Contact: HSTA Activity Coordinator – Maria Hippchen
mbhippchen@gmail.com (301) 439-2613

Paid: _____