

City of Meadows Place Community Pool
11975 Dorrance
Meadows Place, Texas 77477
COMMUNITY POOL RESERVATION FORM
Parks and Recreation Department
One Troyan Drive
Meadows Place, Texas 77477
Office 281-983-2935 Fax 281-249-0050

City Hall Office hours M-F 9:00 AM – 4:00 PM (excluding Holidays)
Deposits and user fees **MUST** be paid in advance. **NO EXCEPTIONS ALL FEES AND DEPOSITS ARE**

INCREASED BY \$100.00 FOR NON- RESIDENTS

• \$300.00 CASH USER FEE (DUE AT TIME OF RESERVATION)

POOL RENTAL 3 ½ HOURS MAXIMUM (private parties only scheduled after public hours)

You are responsible for knowing this information- read this carefully

Reservation for COMMUNIYT POOL Facility:

Date _____ Beginning at _____ o'clock am/pm until
_____ o'clock am/pm (by which time I will have cleaned and
vacated the POOL AREA)

Type of function being held _____

NUMBER # OF PEOPLE ATTENDING _____

PRINT NAME _____

ADDRESS _____

PHONE NUMBER (home) _____ (cell) _____

(Work) _____ (other) _____

I _____, VERIFY THAT ALL STATEMENTS
MADE IN THIS APPLICATION ARE TRUE AND CORRECT AND THAT I HAVE
READ AND RECEIVED A COPY OF THE RENTAL POLICIES (RULES AND
REGULATIONS) FOR USE OF THE CITY OF MEADOWS PLACE COMMUNITY
POOL AND FURTHERMORE AGREE TO ABIDE BY THEM. **I FUTHER AGREE TO
BE PRESENT DURING THE TIME I HAVE RESERVED.** I UNDERSTAND THAT
THE CITY OF MEADOWS PLACE SHALL NOT BE RESPONSIBLE FOR LOSS OF
PROPERTY OR PERSONAL INJURY SUSTAINED BY USERS OF THE COMMUNITY
POOL AND TO THE PERSON AND PROPERTY OF ALL USERS AND SPECTATORS

SIGNATURE DATE

DATE: _____ RESIDENT FEE: \$300.00 **CASH**

Staff initials: _____ **date:** _____

DATE: _____ NON-RESIDENT FEE: \$400.00 **CASH**

Staff initials: _____ **date:** _____

DATE: POOL STAFF INFORMED _____

Revised 8/8/2008 mk