



## Outdoor Party Rental Tent · Baby Pool · Pool Deck Rental Information and Reservation Form

**What's Included?**

- ❖ Grill and propane
- ❖ Tables, chairs and coolers
- ❖ Event coordination - set-up & breakdown

**Reservation Information**

- ❖ Reservations are required at least 7 days in advance
- ❖ Maximum 30 person guest list
- ❖ 100% of the reservation fee will be required with the completed reservation form; \$25 is non-refundable.
- ❖ **Cancellations must occur at least 5 days in advance in order not to lose half of the reservation fee.**

**Fees**

- ❖ Fees for the outdoor tent, pool deck and baby pool deck are based on 3-hour rental
- ❖ 30 non-members over the age of 1 year are included in the rental fee; additional non-members are \$5 each. All guests MUST check in at the front desk

**Monday - Thursday; \$300; additional rental time \$75 per hour**  
**Friday - Sunday & Holidays; \$350; additional rental time \$100 per hour**

**Weather Policy**

- ❖ In the event of rain, the reservation will be rescheduled and all payments will carry over

**Misc**

- ❖ Glass is prohibited on the pool deck.
- ❖ On-premise catering is available from our poolside café run by la dolce vida catering. For more information visit their website at [www.ladolcevidacatering.com](http://www.ladolcevidacatering.com) or call the café at 617.724.5108

**Name:** \_\_\_\_\_ **Member #** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Rental location (please check one)**

- Outdoor Tent       Baby Pool Deck       Pool Deck

**Reservation Date:** \_\_\_\_\_ **Reservation Time:** \_\_\_\_\_

I agree, and all of my guest s agree, that we are voluntarily using the facility and premises and assume all risk of injury, illness, damage, or loss to our property or us. In addition, I agree, and my guests agree, that The Clubs at Charles River Park is in no way responsible for personal Property left anywhere in the facility. I acknowledge that I have read this waiver and Release and fully understand that it is a release of liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

FEES	AMOUNT	DATE PAID	PAYMENT TYPE
Payment			

Staff Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

Assigned Staff Contact: \_\_\_\_\_ Lifeguard Assigned: \_\_\_\_\_