

Pool Party Reservations

Thank you for having your party at the Strasburg Pool!
Please complete this form and mail it to SSRA P.O. Box 59
Strasburg, PA 17579. The pool manager will review your
event information and contact you soon.

Name of Group-

Contact Person-

Address-

Phone Number and email-

Date of Event-

Rain Date-

Time (3 hours)-

Number of People (10 person minimum)-

Special Arrangements-

I agree that the above information is correct. Any damage
to the pool, bathhouse, sports equipment. or grounds
incurred by my group will be paid for that night.

Contact Person Signature _____ date _____

TO BE COMPLETED BY POOL MANAGER (name- _____)

COST PER PERSON

TOTAL COST

PAID

DATE