



# OUTDOOR POOL RENTAL REQUEST

(Please Print)

Name of Group: \_\_\_\_\_ # of Swimmers: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date(s) requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

<b>Office Use Only</b>
Rental Fee: _____
Date Paid: _____
<input type="checkbox"/> Check-ck# _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card

POOL RENTAL			
Number of Swimmers	Cost/Hr Res	Cost/Hr Non-Res	Number of Lifeguards
25 or less	\$60+tax	\$80+tax	2
26-50	\$70+tax	\$90+tax	3
51-75	\$80+tax	\$105+tax	4
76-100	\$90+tax	\$120+tax	5

**Payment is due upon approval by Pool Manager. Please remit payment to:**

City of Saint Peter  
Recreation & Leisure Services  
600 S. 5<sup>th</sup> Street  
Saint Peter, MN 56082

*If we are unable to rent the pool to you at the requested date and time, your deposit will be returned. Thank you.*

**If you have any questions or concerns, please contact the Pool Manager at 934-3951 or the Recreation Office at 934-0667.**

\_\_\_\_\_  
Signature of Person Responsible for Group Date

\_\_\_\_\_  
Staff Authorized Signature Date