



Riegel Ridge Community Center Pool
 910 Milford-Warren Glen Rd.
 Milford, NJ 08848
 908-995-9260
www.riegelridgecc.org

RIEGEL RIDGE COMMUNITY POOL PAVILION APPLICATION 2023

Pavilion rental includes two hour use of the pavilion for up to 30 guests.

We require a guest list prior to your guests arriving. *Please do not email your list, bring a physical copy.*

\$220 - Riegel Ridge Community Pool Members; \$270 Non-Members

Requirements: 100% of total rental fee must be provided at signing of contract and copy of certificate of homeowner's insurance. Applications will not be accepted without both payment and insurance.

Applicant Information *must be one in charge of event & over 21*

First Name: _____ Last Name: _____

Organization Name (if applicable): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Other: _____

Cell Home Cell Home

Primary E-mail (Required-This is our primary source of communication - used for RRCC communication only)

Rental Information

Type of Event:	Please Check One: <input type="checkbox"/> Private Use <input type="checkbox"/> Non-Profit <input type="checkbox"/> Profit
Date of Event:	Rain Date:
Hours of Rental (2 hour blocks) Check One: 12:00pm - 2:00pm <input type="checkbox"/> 2:30pm - 4:30pm <input type="checkbox"/> 5:00pm - 7:00pm <input type="checkbox"/>	Hours of Rental (2 hour blocks) Check One: 12:00pm - 2:00pm <input type="checkbox"/> 2:30pm - 4:30pm <input type="checkbox"/> 5:00pm - 7:00pm <input type="checkbox"/>
Number of Guests (30 MAX): _____ We require a list prior to the Event Date	
Special Provisions/Requests: _____ _____ _____	

PLEASE TURN OVER



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Applicant is hereby made to use the Riegel Ridge Facility as specified above. I agree on behalf of myself and/or my organization as the contact person, that all members and guests will observe all regulations and that I/we individually, and/or as an organization will assume full financial responsibility for any and all damages done to the Riegel Ridge Community Pool property during the above indicated period(s) of use. I understand that alcohol is not permitted on the pool grounds. I/we agree that our organization and/or I will at all times hereafter, indemnify the above-named facility against any loss, damage, or expense of any kind, which said facility may sustain or incur because of use of the above described building by our organization, and I/we will further hold said facility harmless for loss of any kind in connection therewith.

Renter Signature: _____ Date: _____

RRCP Supervisor/Manager/Director Signature: _____

For Office Use Only

Paid: _____ Date: _____ Employee Initials: _____

Insurance Full Payment