



502 N 2nd St Marshall, IL

poolmanager@marshall-il.com | www.marshall-il.com/pool

Pool **217-826-8401** | City Hall **217-826-8087**

Pool Party Form

Name: _____

Address: _____

Email: _____ Phone: _____

Number of Guests: _____ Party Date/Time: _____

All pool rules and regulations apply. No alcohol or glass. All food must be served in pavillion area. Party guests must comply with the directions of the lifeguards.

I agree not to hold responsible the City of Marshall for any accident or injury that may occur during the party. The cancellation refund policy will be strictly enforced.

Signature: _____ Date: _____

RATES

2 Hour Party **\$200**

3 Hour Party **\$300**

\$100 Deposit is required at the time of reservation. Balance due prior to party beginning.

Cancellations must be given 48 hours prior to party to receive a full refund

Deposit Paid \$ _____

Balance \$ _____

Total Paid \$ _____