

Birchwood Glen Owners Corporation

A Cooperative Community

Pool Party Request Form

Name:	-	
Apartment Number:	-	
Phone Number:		
Date of Party:	_ Monday through Friday ONLY	
Rain Date:	-	
Time: to	Max 4 Hours, must be cleaned up by 7PM	
Total Guests:	_ Max 25 Guests (1 Adult: 5 Children)	
Fee Schedule		
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Agreement		
by any guest or myself could result in a possible (E-Signature) You understand that your electronic signature is leading to the could be signature.	rther understand that any infractions commited e fine and/or denial of future party requests. egally binding, just as if you had signed a paper document. Your	
Requesting Shareholder:	y to materials related to your request as submitted on this form. Date:	
Office: 631-475-3720 14 Glen Hollow Dr. E60 I	Holtsville, NY 11742 birchwoodglen@optonline.ne	