

## Request for Facility Reservation

Requested Event Name: \_\_\_\_\_

Requested Dates: \_\_\_\_\_

Requested Times: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Catering/ Food Needs: \_\_\_\_\_

Any Special Needs? \_\_\_\_\_

**Requested Room Set-up**

**Circle One**

Beach Rental      Classroom Rental

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax #: \_\_\_\_\_

Requested Activities: \_\_\_\_\_

Requested Equipment: \_\_\_\_\_

Notes: \_\_\_\_\_

**This form must be sent to the Aquatic center. Once this request has been approved you will be called or emailed.  
 You will receive a Facility Use Contract that must be signed and sent back to the AC with a 50% deposit.**

*For Office Use Only*

Approved/Not Approved: \_\_\_\_\_ Class: \_\_\_\_\_ Firm: \_\_\_\_\_

Contract Emailed	Signed Contract Received	Deposit Paid	Balance Paid