

# Aquatic Center Reservation Request

<b>Youth Group</b> <input type="checkbox"/> 3 hours <input type="checkbox"/> 5 hours <input type="checkbox"/> WET Course (extra fee)	<b>W.E.T (Team Build)</b> <input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours	<b>Birthday Party</b> <input type="checkbox"/> Paddlers <input type="checkbox"/> Beach Age of Child _____	<b>Facility Reservation</b> <input type="checkbox"/> Beach <input type="checkbox"/> Classroom _____ _____
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**Requested Dates:** \_\_\_\_\_

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

**Number of Children:** \_\_\_\_\_ **Number of Adults:** \_\_\_\_\_

**Age of Children:** \_\_\_\_\_

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

**Group /School/ Organization Name:** \_\_\_\_\_

**Contact Name #1:** \_\_\_\_\_ **Contact Name #2:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Email #1:** \_\_\_\_\_ **Contact Email #2:** \_\_\_\_\_

**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 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:** \_\_\_\_\_ **Contract:** \_\_\_\_\_ **Approval Email:** \_\_\_\_\_

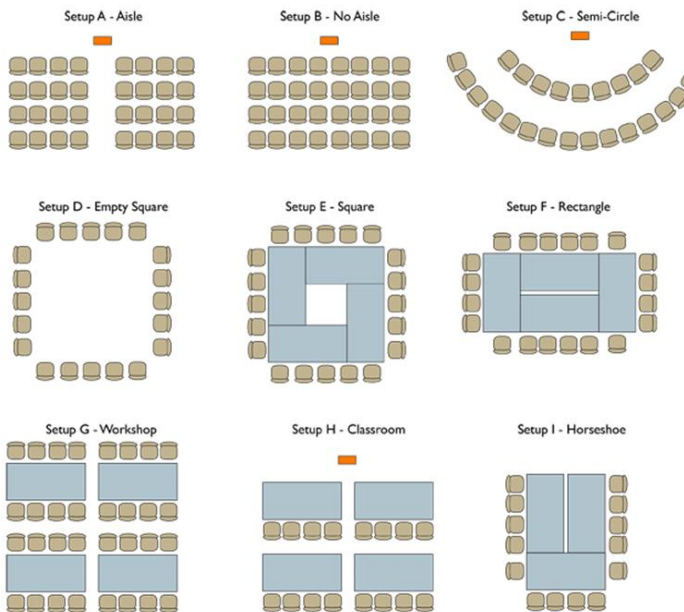
Contract Emailed	Signed Contract Received	Deposit Paid	Balance Paid

<b>STAFF NEEDED:</b>	1	2	3
4	5	6	7
8	9	10	11

# Aquatic Center Reservation Request

## Needed details for Upstairs Classrooms

203	<i>Lakeview Rooms &amp; Deck</i>	204
202		201



### Set-up details

Room set-up: \_\_\_\_\_

Number of Chairs: \_\_\_\_\_

Number of Tables: \_\_\_\_\_

Table top Podium: \_\_\_\_\_

Easels: \_\_\_\_\_

LCD Screen

LCD Projector

Food Service Tables: \_\_\_\_\_

Caterer's Name: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

# Aquatic Center Youth Group Details

Group Name: \_\_\_\_\_ Event Date: \_\_\_\_\_ Time: \_\_\_\_\_

How will the children be transported to and from the Aquatic Center?

Private Cars     School Bus     Other \_\_\_\_\_

What time will the students arrive at the Aquatic Center? \_\_\_\_\_

What time do the bus/cars need to leave the Aquatic Center? \_\_\_\_\_

Number of teachers     Number of parent chaperones

Amount of time requested for meal break? \_\_\_\_\_

Sack Lunch     BBQ     Catered Meal

## Boating Safety Field Trip Options

- Sailing (*weather and wind permitting*)
- Stand Up Paddling
- Canoeing
- Kayaking
- Relay Races
- Land games
- Hydro Bikes
- Team Challenges
- W.E.T. Course (*extra fee applies*)
- Beach Play/ Swim time (*with PFD's*)
- Other \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Contract Received	_____
Releases Received	_____
Photo Waivers	_____
DBAW Grant Application	_____
Title 1	_____
Area Assigned	_____
Cost per student	_____
Confirmed	_____