SACRAMENTO STATE
AQUATIC CENTER

A Program of:
ASSOCIATED STUDENTS
SACRAMENTO STATE

Aquatic Center Reservation Request

Youth Group	W.E.T. (Team Build)	Birthday Party	Facility Reservation
☐ 3 Hours ☐ 5 Hours	☐ 2 Hours ☐ 3 Hours	☐ Paddlers *Kayak or SUP*	☐ Beach
☐ WET Course (extra fee & seasonal)	**Guided Paddle Trip**	☐ Beach ☐ Extreme	☐ Classroom
DBAW APPLICATION? _____	☐ 1 Hour ☐ 2 hours	Age of Child: _____	_____
			_____

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/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 Emailed _____

STAFF NEEDED:	1	2	3
4	5	6	7
8	9	10	11
12	13	14	15

1901 Hazel Ave. ♦ Gold River, CA 95670-4501
(916) 278-2842 ♦ (916) 278-1105 Fax
www.sacstateaquaticcenter.com

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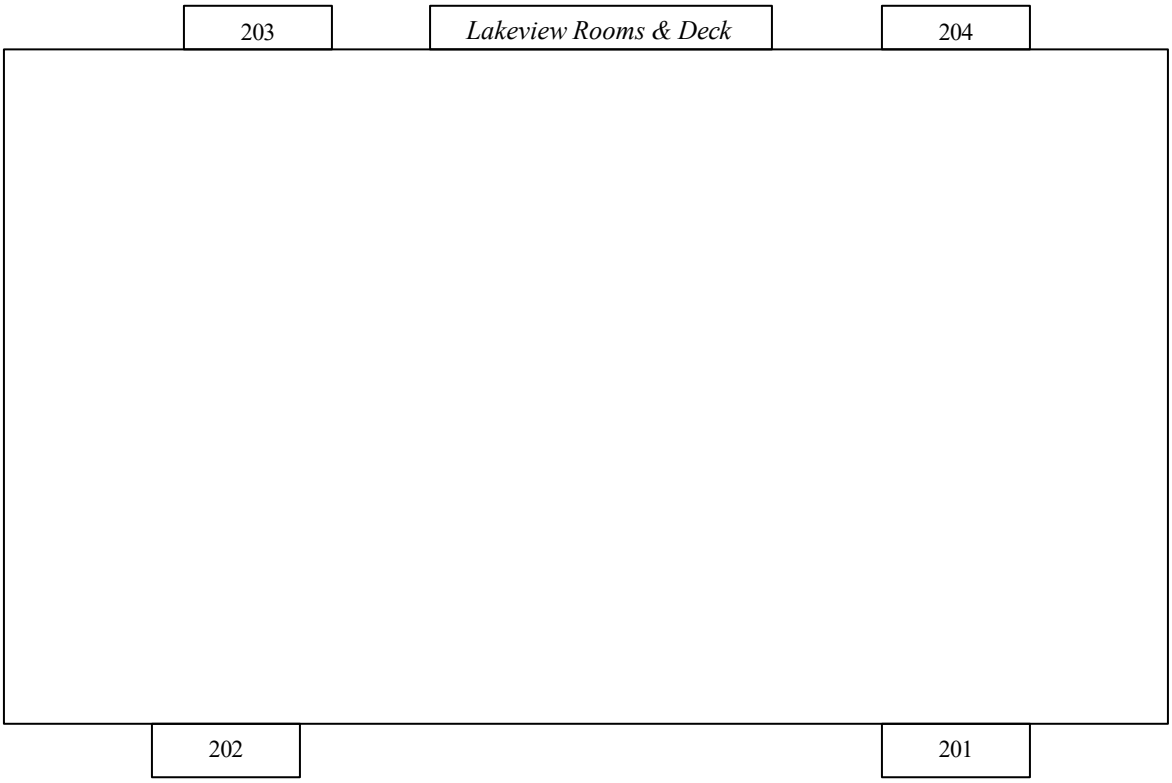
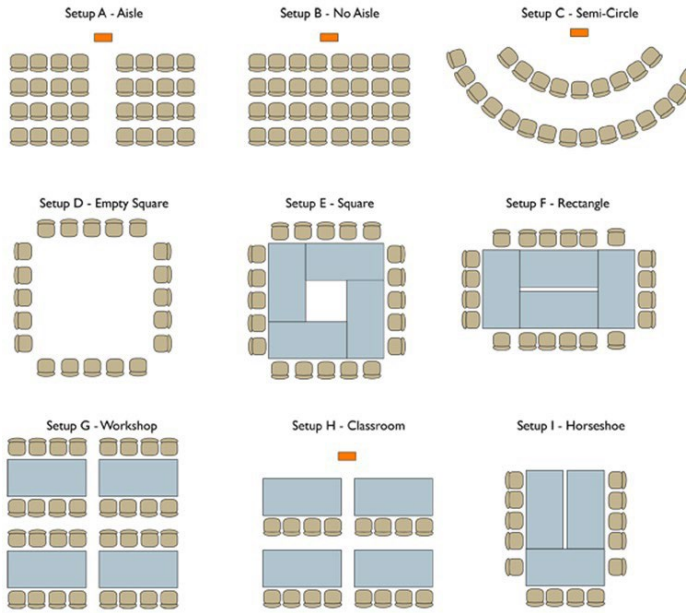
Needed details for Upstairs Classrooms





**SET UP MAY BE LIMITED DEPENDING ON ROOM REQUESTED

Set-up details

Room set-up:_____
Number of Chairs: _____
Number of Tables: _____
Table top Podium: _____
☐ Easels: _____
☐ LCD TV w/ HDMI cables
☐ Screen & Projector
Food Service Tables: _____
Caterer's Name: _____
Other: _____
_____

Request Additional Classroom Set Up Time: I would like to request_____ minutes prior to my reservation to set up. An extra fee may apply.

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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

Please note that the AC does not have food or kitchen facilities on site.

Boating Safety Field Trip Options

☐ Kayaking

☐ Stand Up Paddling

☐ Canoeing

☐ Sailing *(weather and wind permitting)*

☐ Relay Races

☐ Land Games

☐ Team Challenges

☐ W.E.T. Course *(seasonal & extra fee applies)*

☐ Other _____

Things to Remember

- Each participant's waiver completed by their parent or legal guardian
- Class/Group Roster
- Sunblock
- Refillable water bottle
- Bathing suit, t-shirt and shorts okay to get wet
- Aquatic shoes with heel straps
- Hat or Visor
- Beach Towel
- Snack or Lunch

DBAW FINANCIAL ASSISTANCE APPLICATION INFO

Title 1 School? _____

DBAW Financial Assistance Application Attached? _____

AC USE ONLY: *Amount Granted per Participant:* _____ *Total Awarded:* _____

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