PARKS AND RECREATION

Helen Stevens Memorial Pool Rental Request Form

Date: _____

Organization Name: _____

Contact Person: _____

Phone Number: _____Email: _____

Purpose for Rental:

_____

_____

_____

Date of Rental: _____

Rental Time: (circle one) Saturday 10am-12pm

Sunday 11am-1pm or 5:15pm-7:15pm

Number of Individuals using pool: _____

Any other requests:

_____

_____

Rental Fees: 1-50 swimmers = $200, 50+ swimmers = $250 for a 2-hour time block

_____ _____ _____

Signature Total/Cash/Check # Date