



AQUATIC FACILITY RESERVATION REQUEST

For Office Use Only:

Date Received: _____ Received By: _____

Section I - Fee Schedule

City Residents

Fees for renting an aquatic facility for city residents are as follows:

- \$125.00 for three hours or less
- \$14.00 per hour for a Pool Manager
- \$10.00 per hour for a Life Guard
- \$25.00 cancellation fee if cancellation is made less than 72 hours prior to the event

Non-City Residents

Fees for renting an aquatic facility for non-city residents are as follows:

- \$175.00 for three hours or less
- \$14.00 per hour for a Pool Manager
- \$10.00 per hour for a Life Guard
- \$25.00 cancellation fee if cancellation is made less than 72 hours prior to the event

Section II - Applicant and Event Information

Group or Individual Applicant Name: _____ Main Contact: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Event Description: _____ Number of Expected Guests: _____

City Resident? Yes No

Desired Location: Fallon Park Pool Washington Park Pool

Event Start Date: _____ Event End Date: _____

Event Repeats (i.e., first Monday of each month, etc.): _____

Event Start Time (to include set-up): _____ Event End Time (to include clean-up): _____

Specific Rooms Requested: _____

Section III - Indemnification and Authorized Signatures

The applicant hereby acknowledges and confirms that the information listed above is true and accurate and takes full responsibility for the planned event and rental of Roanoke Parks and Recreation facilities and/or equipment. Lessee warrants that all copyrighted materials performed by Lessee or used by Lessee under this Agreement, or performed or used by any person appearing or performing in the event or activity which is the subject of this Agreement, have been duly licensed or authorized by the copyright owners or their representatives, and the Lessee agrees to be responsible for all license and royalty fees incurred by reason of the performance, and to defend, indemnify and hold the City of Roanoke, its officers, employees, agents and representatives, harmless from any and all claims, losses, or expenses incurred with regard thereto.

Applicant Signature: _____ Date: _____

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Fee Calculation: Base Cost: \$ _____

Number of Lifeguards: _____ X \$10.00 X _____ hours = \$ _____ Number of Managers: _____ X \$14.00 X _____ hours = \$ _____

Total Due: \$ _____

Special Considerations: Neighborhood Partnership Roanoke City Public Schools Co-Sponsored Event Internal Use

Workflow Approvals (Initial and Date): _____ / _____ _____ / _____ _____ / _____ _____ / _____