



Rogers Aquatics Center Group Reservation Form

Date:	-		
Contact Information			
Group Name:			
Group Contact Person:			
Address:			
City:	State:	Zip:	
Main Phone:	Cell Phone:	Email:	
Reser	vation Information (C	heck all that apply)	
Date of Group Outing:	Total Grouj	p Count (Incl. Chaperones): _	
Birthday Package: \$2 ** Only Birthday Cake/Cup Cake	50 (12 party guest passes, 15 es/Cookie Cake and decorati		
Circle Time: Monday-Saturday Sunday	11:00a-1:00p 1:30-3:30 12:00-2:00p 2:00-4:00		
Add Group Meal Option: \$5	.00 per person- 12 or more in	groupAdditional Gro	up Beverage (\$2 ea)
Pa	vilion Preference:		Food Delivery
Group Rate: \$6 per person for 12 or more (No Group Discount on Holidays)			Time for Group Meal Option:
Add Group Meal Option: \$5.00 per person- 12 or more in group			
Add Pavilion	Rental: \$150 (2 hr.) Seats 2	4	
Summer Camp/Day C	eare: \$5.00 per person – 2 hr	max11-1p1-	-3p
Summer Camp/Day Care V	Vristband Color:		
	Aquatics Center Reserv	vation Policies	
Summer Camps/Day ratio.The facility/pavilion is	mption is permitted inside the Care (11 yrs. and under) must	t provide enough active chape imes specified herein.	erones ensuring a 1:7
	s responsible for cleaning the		ounds and properly

using the facility.

rental during operating hours.

I have read and agree to the terms of this agreement:

All activities will terminate at the specified time in this agreement. Inclement weather may warrant rescheduling of facility/pavilion rental.

Signature of Group Representative ______ Date: _____

No live bands, DJ's or portable stereos (boom boxes) will be allowed in conjunction with any pavilion

The Rogers Aquatic Center is in no way responsible for injury, damage or theft to property or persons