



Aquatics Rental Request Form

Request Type: Single Day Multi-Day Recurring
 Season: Fall Winter Spring Summer

This rental request form does NOT guarantee the dates and times requested are reserved. You will receive contract via email and the reservation is not finalized until signed contract and Certificate of Insurance (if necessary) are received. Requests should be submitted for Fall (Sept/Oct) by July 1st, Winter (Nov-Jan) by September 1st, Spring (Feb-June) by December 1st, and Summer (Jul/Aug) by May 1st. Additional requests may be granted outside of these deadlines if space is available and request is received at least two (2) weeks prior to event. Email completed requests to Kate at KDauphinee@escnj.k12.nj.us.

CONTACT INFORMATION

Organization Name _____
 Primary Contact Name _____
 Email _____ Phone _____
 Billing Address _____

EVENT DESCRIPTION

Type of Event: Team Practice Dual Meet Tri Meet
 Camp/Field Trip Other: _____
 Which Pool: Activity Pool Lap Pool Both
 Will you require exclusive use of the aquatics facility? Yes No
 What equipment will you need (check all that apply):
 Timing System Chairs Pace Clocks PFDs
 Kickboards Pull Buoys Other: _____
 Number of Participants: 1-25 26-50 51-75 75+

RENTAL INFORMATION

Please make sure to include set up and breakdown time.

<u>Preferred</u>
Date(s):
Time(s):
of Lanes _____

<u>Alternate/Additional</u>
Date(s):
Time(s):
of Lanes _____

<u>Alternate/Additional</u>
Date(s):
Time(s):
of Lanes _____

Additional information, notes, or comments for reservation not included above:

FOR OFFICE USE ONLY

Date Received: _____

Rental Fee Calculation

Fee Total \$ _____

CONFIRMATION

Contract # _____

Sent ___/___/___

Received ___/___/___

COI Received ___/___/___

Daxko ___/___/___

Calendar ___/___/___

PAYMENT INFORMATION

Final Invoice \$ _____

Invoice Sent ___/___/___

Received ___/___/___