

AGREEMENT FOR USE OF CCSD AQUATIC COMPLEX

Name of Individual / Organization _____

Date of Use _____ Times needed _____

From _____ AM / PM

To _____ AM / PM

Total hours _____

Number of people attending activity _____

School Activity

Non-School Activity

FACILITY RENTAL FEE

\$ _____

Contact information of person(s) in charge of activity:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

# of people	1 Hour	2 Hours	3 Hours	4 Hours	5 Hours
1 - 25	\$40.00	\$55.00	\$70.00	\$100.00	\$135.00
26 - 50	\$65.00	\$90.00	\$110.00	\$140.00	\$170.00
51 - 75	\$105.00	\$135.00	\$160.00	\$195.00	\$230.00
76 - 100	\$135.00	\$160.00	\$190.00	\$210.00	\$255.00
101 - 150	\$190.00	\$240.00	\$295.00	\$325.00	\$360.00
151 - up	\$240.00	\$295.00	\$345.00	\$375.00	\$420.00

Fifty percent of fee must be paid at time of request.

Signature of person requesting _____ Date _____

Signature of Head Life Guard _____

Approved

Denied

Assistant Superintendent _____ Date _____

User agrees and understands that all vehicles are to be parked in the designated parking area and NO alcohol or tobacco products are to be on premises at any time.