



# 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

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: \_\_\_\_\_

### For Office Use Only

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): \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_