



## Aquatic Center Reservation Request

125 West Walnut Avenue, Lompoc, CA 93436

Phone: (805) 875-8100 Fax: (805) 736-5195

Email: recreation@ci.lompoc.ca.us

APPLICATION FOR FACILITY USE REQUEST- Execution of this application does not confirm reservation. Please print clearly. For consideration, complete application must be submitted with appropriate reservation deposit and fees payable to the City of Lompoc. Rentals are available for Fridays, Saturdays and Sundays, depending upon availability. Times must include: arrival time, any set up (for patio rentals), event time and tear down (for patio rentals). Pool rentals are subject to the 1 ½ hour minimum. Please note that the pool will be cleared 5-10 minutes prior to the rental end time to allow sufficient time to clear the building.

Applicant/Organization Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Secondary Contact Name: \_\_\_\_\_ Secondary Contact Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Rental (check one):  Private/Commercial  Non- Profit  Government/Education Agency

Function or Event: \_\_\_\_\_

Month: \_\_\_\_\_ Date: \_\_\_\_\_ Day (Please Circle One): Fri Sat Sun Other: \_\_\_\_\_ Year: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_ AM/PM Pool Time: \_\_\_\_\_ AM/PM Time of Departure: \_\_\_\_\_ AM/PM

Anticipated Attendance: \_\_\_\_\_ Approximately # in Water: \_\_\_\_\_ Approximately # on Deck: \_\_\_\_\_

Age Range of Participants:  Under 2 years  2-4 years  5-12 years  13-17 years  18+

Bleachers Requested?  Yes  No Approximate # of People on Bleachers: \_\_\_\_\_

Will food be served?  Yes  No Name of Caterer? \_\_\_\_\_

Will there be music?  Yes  No If yes, what type?  Radio  CD/ MP3 Player

Functions with less than 50 people could require additional lifeguards at the Recreation Supervisors discretion. Functions over 50 people will be charged an additional fee of \$20 per hour. The Recreation Supervisor will notify you in advance if your event requires additional lifeguards due to the nature of your event. A late fee will be assessed for all rentals that are within 2 weeks of the requested time.

**ANY CHANGES MUST BE SUBMITTED TWO WEEKS IN ADVANCE OF RENTAL DATE.**

### REQUEST THE USE OF THE FOLLOWING AREA(S) (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Entire Activity Pool             | <input type="checkbox"/> Competition Pool (competitions/instructional only) |
| <input type="checkbox"/> Aqua Playground Area             | <input type="checkbox"/> Therapeutic Pool (instructional only)              |
| <input type="checkbox"/> Waterslides Area                 | <input type="checkbox"/> Pool Patio (with food) Time: _____ to _____        |
| <input type="checkbox"/> Recreation Pool Lap Lanes        | <input type="checkbox"/> Pool Patio (with BBQ) Time: _____ to _____         |
| <input type="checkbox"/> Aqua Playground Area & Lap Lanes | <input type="checkbox"/> Pool Patio (no food) Time: _____ to _____          |
| <input type="checkbox"/> Waterslides & Lap Lanes          | <input type="checkbox"/> Classroom (no food)                                |

Reservation dates are not held without the full payment, including rental fees and damage deposit. The Recreation Division reserves the right to withhold payment of deposit in the event of the damage to the facility site and/or its properties.

### ~For Office Use Only~

CONTRACT #: \_\_\_\_\_ RESERVATION TAKEN BY: \_\_\_\_\_  
 RESERVATION FEE PAID:  Y  N BALANCED PAID: \_\_\_\_\_ DEPOSIT RETURNED: \_\_\_\_\_  
 DATE: \_\_\_\_\_ SUPERVISOR APPROVAL: \_\_\_\_\_