



Aquacourt Family Aquatic Center

FACILITY APPLICATION AND AGREEMENT FORM

Date: _____ Organization, Group or Individual: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ Phone (C): _____ EMAIL: _____

Date of Event: _____ Hours: From: _____ to: _____

Est. Number of Persons: _____ Reason or Event: _____

Hastings Parks & Recreation
461-2324

Hastings Aquacourt
463-1016

Facility Rental: *All facility rental agreements and payments must be made a minimum of one week prior to the event.*

	<u>Fee</u>	<u>Hours</u>	<u>TOTAL</u>
Exclusive Use (Must be between 8:00PM & 11:00PM)			
<input type="checkbox"/> Gold Package (Entire Facility)	\$ _____/hr	_____	\$ _____
<input type="checkbox"/> Silver Package (Main Pool & Wave Pool or Lazy River)	\$ _____/hr	_____	\$ _____
<input type="checkbox"/> Bronze Package (Main Pool Only)	\$ _____/hr	_____	\$ _____
Non-Exclusive Use (12PM – 8PM)			
<input type="checkbox"/> Sun Shade Shelter (10' X 10')	\$ _____/hr	_____	\$ _____
<input type="checkbox"/> Sun Shade Shelter (20' X 40')	\$ _____/hr	_____	\$ _____
<input type="checkbox"/> Community Room	\$ _____/hr	_____	\$ _____
Total:			_____

Community Room Parties - Customers wishing to have parties at the Hastings Aquacourt will have an opportunity to be billed for group rate admissions, and/or food, and/or room rental after the event. No outside food or drink (other than a birthday cake) may be brought into the facility. All party reservations must be made at least one week in advance of event.

I, having read and agreed to the policies and regulations as set forth by the City of Hastings, request permission for use of the above city areas and facilities located at the Aquacourt for the purpose described in this application. The Renter agrees to indemnify the City and hold it harmless from any claim, demand, suit or cause of action which may arise out of the use of the Aquacourt by the Renter or any of its guests or invitees, except those claims, demands, suits or causes of action arising due to negligence of the City.

Signature of Applicant

Date

Manager

Date

FOR OFFICE USE ONLY

# of Adults	_____ X \$ _____	= \$ _____
# of Youth	_____ X \$ _____	= \$ _____
Total Concessions		\$ _____
Facility Rental (Above)		\$ _____
TOTAL BILLED		\$ _____
Date Billed	_____	BY: _____
Date Recv'd	_____	BY: _____