



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 it's properties.

~For Office Use Only~

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