

City of Milton-Freewater Joe Humbert Family Aquatic Center

200 DeHaven Street, PO Box 6 - Milton-Freewater, OR 97862 – PH: 541-938-9166 – F: 541-938-8289

Reservation Form / Rental Agreement

Organization Name: _____ Date: _____
 Contact: _____ Phone #: _____
 Address: _____
 City/State/Zip _____

Day of Week: _____ Date: _____ Start Time: _____ AM / PM
 End Time: _____ AM / PM

This rental group agrees to the following conditions of this rental agreement:

1. Your reservation is not complete until deposit is paid.
2. Fees will be refunded with minimum 24 hour cancellation. Allow two (2) weeks for refund to arrive.
3. If rental is cancelled less than 24 hours before rental, deposit is forfeited.
4. If weather closes pool during reservation your refund will be pro-rated.
5. If weather closes pool before rental begins, a new date may be scheduled or a refund may be offered.
6. Rental group understands that any additional patrons, not listed and paid for will need to be paid for if outside rate parameters. No patrons will be allowed in the pool area unless included in this fee.
7. Rental group will provide at least one person to check admittance of group to assure only group members are admitted to the facility.
8. Concession is available upon request.
9. Rates are as per City of Milton-Freewater Resolution No. 2251 dated April 8, 2013.

Rental Options:

Private Pool Rental

Patrons	First 2 hours	=	# additional hours	Additional hourly rate	=	\$ Due
1-65	\$300.00			\$150.00		
66-100	\$350.00			\$175.00		
101-140	\$400.00			\$200.00		
141-200	\$450.00			\$250.00		

Concession Requested (circle one): **Yes** **No**

Shelter Reservation Only – during regular business hours

Date Requested:	Session 1	\$25.00
	Session 2	\$25.00
	\$ Due	

TOTAL RENTAL: _____ \$

The undersigned hereby states that they have read and agree to the terms of this rental agreement.

Authorized Signature: _____ Date: _____

Date Paid:	Amount Paid:	\$
Manager's Approval:	Check	Cash