



Pool Rental Application

703.784.2973 • QUANTICOAQUATICS@USMC-MCCS.ORG

RENTAL INFORMATION		
Date Requested:	Start Time:	End Time:
Estimated Attendance: (check one)		
0-50 <input type="checkbox"/>	51-75 <input type="checkbox"/>	76-100 <input type="checkbox"/>
101-150 <input type="checkbox"/>	151-175 <input type="checkbox"/>	176-200 <input type="checkbox"/>
Purpose of Event:		
Name of Group (if applicable):		
Point of Contact:	Phone Number:	

SPONSOR'S INFORMATION		
Sponsor's Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Branch of Service:	Rank/Grade:	Unit/Dept:
Status: (check one) <input type="checkbox"/> <i>Active Duty</i> <input type="checkbox"/> <i>Retired</i> <input type="checkbox"/> <i>MCCDC Civilian</i> <input type="checkbox"/> <i>OTHER:</i>		
Address:		
City:	State:	ZIP Code:
Home Phone:	Work Phone:	
Mobile Phone:	Other:	
Email:		

AFTER HOURS POOL RESERVATION	PRICING
<input type="checkbox"/> 2 Hour Rental Exclusive use of either the wading pool <i>OR</i> 50M pool. 1. up to 50 guests 2. 51-75 guests 3. 76-100 guests 4. Additional fees for use of wading pool <i>AND</i> 50M pool.	1. \$160 2. \$190 3. \$220 4. \$30
<input type="checkbox"/> 3 Hour Rental Exclusive use of either the wading pool <i>OR</i> 50M pool. 1. Up to 50 guests 2. 51-75 guests 3. 76-100 guests 4. Additional fees for use of wading pool <i>AND</i> 50M pool.	1. \$225 2. \$255 3. \$285 4. \$45
<input type="checkbox"/> Additional Fees <ul style="list-style-type: none"> • Additional guard per 25 people per hour for use of entire 50M pool • Additional guard for large number of children (management discretion) 	\$15.00/ hour \$15.00/ hour
TOTAL FEES:	

HOLD HARMLESS AGREEMENTS

- Applicant will be required to sign a hold harmless agreement for this event.

PLEASE READ AND INITIAL:

	I understand that this event may only use the space that has been requested and approved.
	I will ensure that the rental space has been picked up and returned to the way it was.
	I have obtained, read, and agree to abide by the facilities rules and regulations.
	I understand that any request for cancelation of this event must be submitted in writing to the Semper Fit Division 2 weeks prior to the event.
	It is understood that the event will consist of no more than the authorized patrons and designated guests and that the event cannot be advertised as "Open to the Public".
	It is understood that I cannot collect an entry fee from my guests for admittance to this event.
	It is understood that I am responsible for the proper conduct of my guests.
	I understand that the sponsor will be responsible for any damage or theft that occurs during the event.
	I understand that smoking or use of alcohol is not permitted on pool grounds.
	I agree to ensure that all members of the event will be out of the pool tank no later than the requested time and out of the facility 15 minutes after the conclusion of the event.
	I understand that the sponsor will be responsible for any damage or theft that occurs during the event.
	I understand that a swim test will be required for all swimmers under the age of 16 that wish to use the deep end, dive boards or slide.
	As the authorized patron responsible for organizing this event, I agree to indemnify the United States Government and all of its agencies, departments and employees against any and all liability, claims, suits, losses, costs, and legal fees caused by, arising out of or resulting from guests participating in this event at the MCCS pool, or any negligent act by the guests while participating in the event named above

APPLICANT NAME: (PRINT)**APPLICANT SIGNATURE:****DATE:****Office Use Only**

Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check # _____	RCPT #
Processed By:	Date:
Comments:	