



Rental Reservation Form

St. Pete Beach, Family Aquatic Center
 7701 Boca Ciega Drive
 St. Pete Beach, Florida 33706
 (727) 363-9264

Note:

A reservation deposit of \$50.00+tax is required to secure the below date and time. The deposit is non-refundable. All of the deposit amount will go towards the total rental fee. The renter agrees and understands that the entire payment is due at signing of the below contract Lifeguards will be provided for the pool rental.

Applicant's Name:		Phone:	
Address:	(street)		
	(city)	(state)	(zip)
Event Date:		Event Start & End Time:	
Expected attendance		Age of participants	

(This area for office use only)

Pool with Recreation Card:

- | | |
|---|---|
| <input type="checkbox"/> 10-30 people \$75.00 per hour + tax | <input type="checkbox"/> 91-120 people \$150.00 per hour + tax |
| <input type="checkbox"/> 31-60 people \$100.00 per hour + tax | <input type="checkbox"/> 121-150 people \$175.00 per hour + tax |
| <input type="checkbox"/> 61-90 people \$125.00 per hour + tax | <input type="checkbox"/> 151-180 people \$200.00 per hour + tax |

Recreation Card Number _____

Rent Costs:

_____ # of hours at \$ _____ per hour for a total cost of: \$ _____
 25% Surcharge: \$ _____
 7% Tax/Exempt: \$ _____
 Balance due: \$ _____

Cash or Check # _____

Paid in Full/Date _____ Receipt # _____

Liability Agreement:

I/we agree to abide by City Ordinances, Rules and Regulations which pertain to the use of the swimming pool and facility. I/we further agree to hold the City, its officials and employees, harmless from any liability resulting from the use of said facility. The undersigned user agrees to pay any and all damages occurring during the rentals period shown on this agreement.

THE CITY IS NOT RESPONSIBLE FOR ITEMS LEFT AT THE POOL

Signature of Applicant:

Date:

Signature of Aquatics Coordinator:

Date: