



Cosumnes Community Services District

Parks & Recreation Department

www.yourcsd.com

Aquatic Facility Rental Application

FACILITY REQUESTED

Wackford Aquatic Complex

9014 Bruceville Rd
Elk Grove, CA 95758
Phone (916) 405-5600

- Aquatic Complex, Deep Xtreme/Adventure Bay/Splash Island \$350/hour
- Aquatic Complex, Deep Xtreme/Adventure Bay \$275/hour
- Aquatic Complex, Adventure Bay/Splash Island \$275/hour
- Aquatic Complex, Competitive Swim Meet call for pricing

Jerry Fox Swim Center

Elk Grove Regional Park
9950 Elk Grove-Florin Road
Elk Grove, CA 95624

- Jerry Fox Swim Center \$175/hour

APPLICATION CONDITIONS

1. The Cosumnes CSD accepts applications the 1st Wednesday of February for the following Summer Season. Applications are received on a first come first serve basis, and will be processed in order of acceptance. You will be notified when the application is approved and your contract is ready for your signature along with full payment for the pool rental. Renters must sign the contract and make full payment within two weeks of notification.
2. Applications must be received at least three weeks prior to event date.
3. A two hour minimum is required for all Private Rentals.
4. Time of Rental must include set-up times. Renters will not be granted early entry into the facility. Renters will have 15 minutes after Time of Rental to clean-up and exit the facility.
5. Music volume must be controlled by authorized district personnel.
6. Cosumnes CSD provides American Red Cross certified and trained lifeguards.
7. No refunds will be issued if cancellation occurs inside of three-weeks of the event date.

APPLICANT CONTACT INFORMATION

Primary Contact: _____ DOB: _____
First Middle Last

Application on behalf of: Individual Group School Business/Organization

Name of Group, Individual, Organization or Business

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____
Primary Phone Alternative Phone

Email Address: _____

Alternate Contact Person: _____
First Middle Last

Phone: (____) _____ Email: _____

RENTAL INFORMATION

Rental Date: _____ Day of Week: _____

Time of Rental: _____ am/pm to _____ am/pm

Type of Activity/Event: _____ Attendance: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

You agree that alcohol is **not** permitted during your pool rental? Yes

Will food be served? Yes No

Will food be sold? Yes No

Will there be an admission fee? Yes No

Would you like to rent Double Trouble, our inflatable in-water obstacle course for your pool rental? Yes No

Rental rate is a flat fee of \$100

Please list any additional equipment you plan to have on site:

How many tables and chairs are you requesting?*

TABLES 8 ft 10 total	FOLDING CHAIRS 125 total

***ONLY AVAILABLE AT WACKFORD AQUATIC COMPLEX**

***This request does not guarantee any amount of tables and chairs. The Pool Rental Coordinator will be in contact with you to determine how many tables and chairs can be accommodated. Renters are responsible for the set-up of all tables and chairs.**

APPLICANT SIGNATURE

Counterparts: This Agreement may be executed in two or more counterparts, each of which will be deemed an original but all of which together will constitute one and the same instrument. This Agreement shall be effective and binding on all parties upon the delivery by both parties of a sign copy to the other party, which may be done by facsimile transmission or portable document format (PDF).

I understand that I will be contacted by a CSD representative within three business days from the date the application is submitted and that my application for the use of the facility is not final until a contract is signed and a payment is made. I attest that all the information provided in this application is true and correct.

Applicant Signature: _____ Date: _____

CSD OFFICE USE ONLY

Date Received: _____ Received By: _____

Date Approved: _____ Approved By: _____