



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
Fax (916) 405-5657

- Aquatic Complex, Deep Xtreme/Adventure Bay/Splash Island
- Aquatic Complex, Deep Xtreme/Adventure Bay
- Aquatic Complex, Adventure Bay/Splash Island
- Aquatic Complex, Competitive Swim Meet

Jerry Fox Swim Center

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

- Jerry Fox Swim Center

APPLICANT CONTACT INFORMATION

Name of individual responsible for event: _____
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: (____) _____ (____) _____
Primary Phone Alternative Phone

*Email Address: _____

* Required information in order to rent the facility

RENTAL INFORMATION

Rental Date: _____ Day of Week: _____

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

(Entrance to the facility is granted 15 minutes prior to the rental time)

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:

Will there be amplified sound? Yes No

Please specify what type of amplified sound:

Are you using a Caterer? Yes No

Please provide name and contact information of Caterer:

APPLICANT SIGNATURE

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: _____