



Cosumnes Community Services District

Parks & Recreation Department

www.yourcsd.com

Aquatic Facility Rental Application

FACILITY REQUESTED

Wackford Aquatic Complex – 9014 Bruceville Road
Phone (916) 405-5600

- Aquatic Complex, Deep Xtreme/Adventure Bay/Splash Island \$400/hour
- Aquatic Complex, Deep Xtreme/Adventure Bay \$315/hour
- Aquatic Complex, Adventure Bay/Splash Island \$315/hour
- Aquatic Complex, Competitive Swim Meet Call for pricing

Elk Grove Aquatics Center – 9701 Big Horn Blvd.
Phone (916) 883-2782

- Aquatics Center, Treasure Island * \$175/hour
 - ADD – Castaway Cove \$75/hour
- Aquatics Center, Big Kahuna* \$300/hour
- Aquatics Center, Castaway/Treasure Island/Big Kahuna* \$550/hour
Call for Laguna Ridge/Senior Discount inquiries

Jerry Fox Swim Center – 9950 Elk Grove-Florin Road (Elk Grove Regional Park)

- Jerry Fox Swim Center \$200/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. Reservations & payment must be paid in full, at least 30 days prior to the rental date.
2. Applications must be received at least 30 days prior to event date.
3. A two hour minimum is required for all Private Rentals.
4. Reservation time includes set-up. Renters will not be granted early entry into the facility. Renters will have 15 minutes after reservation to clean-up and exit the facility.
5. Music volume must be controlled by authorized district personnel, including Aquatics & Facility Staff.
6. Cosumnes CSD provides American Red Cross certified and trained lifeguards.
7. No refunds will be issued if cancellation occurs at three-weeks or less 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 our inflatable in-water obstacle course for your pool rental? Yes No

Wackford Aquatic Complex: Rental rate is a flat fee of \$100 *only available with rental of Deep Xtreme*

Elk Grove Aquatics Center: Rental rate is a flat fee of \$130 *only available with rental of Big Kahuna*

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 & ELK GROVE AQUATICS CENTER**

***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: _____