ALGONQUIN PRIVATE POOL PARTY /RENTAL APPLICATION

You and your friends (up to 400) will have complete access to the swimming pool and locker room during closed hours for your party. We staff the facility with Lifeguards and a Manager to supervise your swimmers. <u>Mail or Drop Off Application</u> to: Recreation Department * 2200 Harnish Drive, Algonquin, IL 60102

Fees for Pass Holders: Saturday & Sunday: 6:30-8: 1-50 Guests - \$250 51- 100 - \$300 101 + - \$350 *Unavailable Dates: 5/31, 6/1, 6/21, 6/22, 7/2		Satur 1-50 (51-10	for Non-Pass Holders: day & Sunday: 6:30-8:30pm Guests - \$400 0 - \$450 - \$500		
Date of Party: 1 st Choice:	2 nd Choice:		3 rd Choice:		
Time/Day of Party:	_Saturday (6:30-8:30p)		Sunday (6:30-8:30p)		
Contact Person:			# of Guests:		
Contact Person Address/City/Zip:		□Yes	Confirmed Pool Pass Holder		
Telephone:		Email:			
Type of Party:					
Are you interested in bringing in out or cupcakes) that will be brought for <i>*Please note that no refrigerator or freezer</i> w	approval:	the event			
 DEPOSIT(S) The following items are to be found in satisfactory condition for the Facility Damage Deposit to be returned: The person(s) and/or group reserving the pool is/are responsible for covering all repair expenses for damage to the facility caused during specified reservation time. Any and all garbage/debris is removed by applicant at the conclusion of their event. Dumpsters are located behind the pump house. <u>Cancellations made less than 48 hours in advance will be refunded rental fees less the deposit</u> 					
Pool Party Base Fee (Based on numb	per of guests)		\$		
in enrolling and participating in any program/course/activity, or loss which you or your minor child/ward might sustain as a I recognize and acknowledge that there are certain risks of phy of any injuries, damages, or losses, regardless of severity, th programs/courses/activity shall be at my or my minor child/war me and/or my minor/ward as a result of participation in this pr for injuries, damages, or loss that I or my minor child/ward mar with this program/course/activity. I have read and fully underst	ersonnel to take such emergency action you will be expressly assuming the result of participating in any and all sical injury associated with participar hat I or my minor child/ward may d's sole risk. I further agree to waive ogram/course/activity. I do hereby for y have or which may occur to me or and the important information listed	n as may be de isk and legal li activities com ting in this pro sustain as a r and relinquish ully release and my minor child d above, warni	emed necessary. Please read this form carefully and be aware that ability and waiving and releasing all claims for injuries, damages, nected with and associated with this program/course/activity. gram/course/activity, and I voluntarily agree to assume the full risk esult of such participation. I fully understand and agree that all all claims I or my minor child/ward may have or which may occur to d forever discharge the Village of Algonquin from any and all claims //ward and arising out of, connected with, or in any way associated ng of risk, assumption of risk and waiver, and release of all claims. I hinor child) am participating in for future use as the Village deems		

Signature of Responsible Party

Office Lies Only

Date

once ose only.						
Date Processed:	Received By:	Amount Processed:	Check Number			