



Pool Rental Application

Park Operations- Aquatics
Contact Information
 aquatics@spokanecity.org
 Ph: (509)363-5417
 Fax: (509)363-5454
 2304 E Mallon
 Spokane, WA 99202

Applicant Information

Name:	Phone Number:	Email:
Address:		
City:	State:	ZIP Code:

Sponsor / Business Affiliation

Sponsor/Business Affiliation: (Choose One) <input type="checkbox"/> Yes <input type="checkbox"/> No	Sponsor/Business Name:	
Sponsor/ Business Address:		
Phone:	E-mail:	Fax:

Full 2 Hour Pool Rental (Please see rental guide for more information)

Date:	Time:	Estimated Number of Guests:
Pool Requested: (Please Circle One)	AM Cannon Comstock Hillyard Liberty Shadle	Witter
2 Hour Time Requested:	Between the hours: Friday (6:00-9:00pm) Saturday-Sunday (10:30am-12:30pm) (5:00-9:00pm)	Between the hours: Saturday (9-11am) (5-9pm) Sunday (10:30-12:30am) (7:30-9:30pm)

Associated Fee's

Full Pool Rental (Please Circle One)	2 hrs w/150 Guest or Under: \$400.00	2 Hrs w/151 Guests and Over: \$550.00
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Payment for all rentals due immediately at time of booking.

Additional Information

Why did you choose to do a private rental?

Are there any special considerations of which we should be aware? (For example: Are you bringing a BBQ or other large items?)

Statement of Reliability

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED SPECIAL EVENT UNDER THE SPOKANE MUNICIPAL CODE AND CITY COUNCIL POLICY. I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I AM ALSO FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE EVENT TO THE CITY OF SPOKANE.
 I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF SPOKANE, ITS DEPARTMENTS, EMPLOYEES, AGENTS, OFFICERS AND VOLUNTEERS FROM ANY AND ALL LIABILITY IN ANY AND ALL MATTERS CONCERNING THIS SPECIAL EVENT.

I would like to receive information about upcoming events from the City of Spokane!	YES	NO
Signature of applicant:	Date:	