



**DR. ROBERT W. BROWNE AQUATIC CENTER
RENTAL GUIDELINES AND RATES**

1. All guests and participants must check in with the front desk attendant upon entering the facility.
2. Children must be supervised by an adult over 18 years old or in an activity while present at the Aquatic Center.
3. All rules of the facility apply at all times during party including minor swim policy.
4. **Smoking, chewing tobacco, alcoholic beverages, illegal drugs, and profanity are prohibited in ALL areas of the facility and grounds at all times.**
5. Food and beverages are allowed only in the community room area. No food on deck.
6. Full payment must be made within 48 hours of scheduling the event to guarantee date and time.
7. The Board of Education reserves the right to refuse rental and use of facilities to any group or organization when they feel this use might be detrimental to the educational program, or when the risk is such that it would not pay for the upkeep of facilities.

	MEMBER	NON-MEMBER
Community Room	\$40.00 per hour	\$60.00 per hour
<p>The Community Room fits up to 70 people and can be rented out for meetings, parties, or other gatherings. We provide tables and chairs and use of the refrigerator, sink and cabinet area. The reserving party is responsible for all clean-up of the room at the end of their use. An extra fee may be charged for housekeeping.</p>		

	MEMBER	NON-MEMBER
2.5 hour time block		
Birthday Party 15 minutes set up/15 minutes clean-up	\$100.00	\$125.00
2 hour party time for all participants, 12 person entry, community room included with tables and chairs		

ADDITIONAL \$25.00 PER ½ HOUR BEYOND THE 2.5 HOUR RENTAL

AQUATIC CENTER REQUEST FORM:

Name of individual who the party is for: _____

REQUESTED BY: _____ **PHONE NUMBER** _____
Name of Requestor

DATE DESIRED: _____ **REASON** _____

RENTAL START TIME: _____ **END TIME:** _____

SPECIAL NOTES: _____

I (WE) WILL BE RESPONSIBLE FOR SEEING THAT GUIDELINES AS PREVIOUSLY STATED ARE OBSERVED.

SIGNATURE OF PERSON RESPONSIBLE FOREVENT _____ DATE _____

FEE CHARGED _____ FEE PAID _____ DATE _____

RECEPTIONIST _____ DATE _____