

AQUATIC CENTER PARTIES

HOURS-Parties may be scheduled in 1 and 1/2-hour blocks. We do not schedule more than two parties during a block time. You may continue to swim after your block of time, however the party area will not be available. We can arrange to open the pool for parties outside of designated time for an additional fee of \$100.00 per hour plus \$10 per hour per lifeguard. .

- **SATURDAY 1:00 – 2:30/3:00 – 4:30**
- **SUNDAY 1:00 – 2:20/3:00 – 4:30 (Sept. 15 – April 15)**

FEES-The fee covers 40 guests. Each additional guest is \$2.00. Parties are placed on the calendar at time of payment.

- **CISD Resident-\$150.00**
- **Non Resident-\$165.00**
- **CISD/City Employee-\$135.00**

ORIENTATION – The Head Lifeguard is required to familiarize all groups with facility safety rules prior to using the facility. Guests that arrive late must report to the Head Lifeguard prior to entering the water.

SWIMMING REQUIREMENTS- All guests must pass a swimming test (45ft.). Those guests that cannot meet minimum requirements will be restricted to the shallow area and must be supervised by an adult at all times.

DIVING REQUIREMENTS – All guests may use the 1 meter diving boards. The 3 Meter diving boards are restricted to guests that meet a minimum height requirement of 54 inches.

RULES-Glass containers, alcoholic beverages, tobacco products, inflatable rafts, beach balls and squirt guns are not allowed. Foam noodles and Coast Guard Approved lifejackets are acceptable. You may bring refreshments, no glass containers.

REFUND POLICY-Due to the number of requests we receive for parties, we issue refunds with a ten day notice of cancellation. Rescheduling is allowed.

PARTY DATE _____ **TIME** _____ **Mgr. Approval:** _____

PARENTS NAME _____

PHONE _____ **Alt. Phone:** _____

ADDRESS _____ **CITY** _____

NUMBER OF GUEST _____ **Aproximate age of guests** _____

NUMBER OF TABLES REQUESTED (limit 3) _____

I have read the above information and agree to all terms and policies.

SIGNATURE

Date

PLEASE PROVIDE A GUEST LIST FOR YOUR PARTY PRIOR TO THE SCHEDULED DATE. Fax #: 817-949-8208

OFFICE USE ONLY			
_____	_____	_____	_____
Check #	Date	Amount	Signature