



AQUATIC FACILITY USE APPLICATION

El Dorado Hills Community Services District
 1021 Harvard Way, El Dorado Hills, CA 95762
 Phone: (916) 614-3217 Fax: (916) 941-1627
 Email: tgotro@edhcsd.org

Please fill out this application and submit it by Email, fax, or mail. You then will receive a phone call from the CSD Aquatics Office to complete the application process by telephone.

Event Name: _____ Type of Activity: _____
(swim meet, pool party, school party, etc.)

Contact Name: _____ Requested Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Number expected to attend: _____ (Fees based on this number)

Hours requested: From: _____ to _____ (It's recommended that you contact CSD first for available dates & times)

CSD Pool Only: BBQ requested: () No () Yes (additional fee of \$25 for the day)

Other Requests/Notes (Electricity, etc.): _____

Pool Facility	Number in Party	Amount of Time	# of Lifeguards	Fee (includes lifeguards)	
CSD Pool *	0-50 people	2 hours	2	\$144 per hour	
		2+ hours	3	\$161 per hour	
CSD Pool	51-250 people	2 hours	4	\$178 per hour	
		2+ hours	5	\$195 per hour	
CSD Pool	251-350 people	2 hours	5	\$195 per hour	
		2+ hours	6	\$212 per hour	
Mushroom Pool	1-30 people				
		2+ hours	2	\$80 per hour	

*Sections of the pool may need to be closed off

Total Hours requested _____ Pool Rental Rate \$ _____ Total Rental \$ _____

The Reservation Request Form must be returned to the Recreation Office before we can secure your reservation. The full rental amount is due at the time you make the reservation. The Aquatic Facility Use Application is just a request for pool rental. Your request will be reviewed by the Aquatics Recreation Supervisor and you will be contacted within 48 hours of your payment regarding the status of the application. If you need to cancel your reservation we ask that you do so with at least 30 business days notice for a full refund.

Groups must provide adult supervision at a ratio no less than 1 adult to 25 youth at all times. Please supervise those in your party at all times, in and out of the pool. The Lifeguards must direct their full attention to the pool and can not be distracted by events in the pool perimeter.

A copy of the Pool Rules is enclosed and should be reviewed by the responsible party planner and all participants prior to entering the Pool Facility.

NO ALCOHOLIC BEVERAGES, GLASS CONTAINERS, OR PETS ARE ALLOWED INSIDE THE POOL OR POOL DECK AREA.

The pool will be closed to the public for use during times of rental. A permit will be issued by the CSD staff to the renter as proof of reservation.

I understand and agree to the terms of this agreement.

Signature: _____ Date: _____

RENTERS PLEASE NOTE: If the District provides electricity and trash receptacles, they are limited. You may use what is on site and/or bring in additional items needed. Tables, tents, etc. will need to be provided by renter. If you need additional information, please contact El Dorado Hills Community Services District at (916) 614-3217.

(FOR OFFICE USE ONLY)

Date fees received: _____ \$ _____ Ck # _____ Permit # _____

Reservation approved by: _____ Date: _____