

BREC LIBERTY LAGOON DAY CAMP RESERVATION

Organization Name: _____ Phone(s): _____ Cell: _____

Organization Email: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Organization Contact: _____ Phone(s): _____

Date of Event: _____ Expected Attendance: _____ Youth _____ Adult _____

Time of Event: _____ AM / PM to _____ AM / PM (Mon-Thurs. 11am – 6:30pm, Fri. 10:00-6:30pm)

\$10.00 Under 48" tall X Quantity = _____ \$ _____

\$12.00 48" and Taller X Quantity = _____ \$ _____

\$17.00 48" and Taller + Shockwave X Quantity = _____ \$ _____

\$9.00 per camper X Quantity = _____ \$ _____
(250 or more campers per visit)

\$1.00 each for tubes X Quantity = _____ \$ _____

Totals: \$ _____

ALL slides and Shockwave have a minimum height of 48" inches and maximum weight of 300lbs to ride.

_____ (initials) **ALL GUESTS who enter the facility must purchase a ticket regardless of participation.**

_____ (initials) **No outside food or drinks allowed.**

_____ (initials) **No smoking inside the Liberty Lagoon Family Aquatic Center or BREC facilities.**

_____ (initials) **Day Camp is responsible for cleaning, disposing of trash in appropriate cans, and returning lifejackets.**

I am aware that this contract can be cancelled/terminated at any time if the Facility Rules or BREC Facility Use Policies are not followed or enforced. Applicant hereby acknowledges receipt of the general facility use policy and rules. Applicant hereby accepts all terms and conditions set forth herein together with terms and conditions of overall policies as established by the Parks and Recreation Commission. **All guests who enter the facility must purchase a ticket regardless of participation.**

Organization Representative Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date of Application: _____ Received by: _____

Date Camp Fee Received: _____ Cash _____ Credit: Visa MC Discover

Total Camp Fee: \$ _____ Receipt # _____

Special Notes: _____