

## **DAY CAMP RESERVATION**

## **HOURS OF OPERATION:**

MONDAY-TUESDAY + THURSDAY-SUNDAY: 10 AM-7 PM WEDNESDAY: 2-7 PM

These daily group/day camps spaces are limited and require this reservation form to be turned in for specific dates and times with advanced notice. Email or bring to the Liberty Lagoon ticket office to complete reservation.

Organization Name: Organization Contact Person:				
				Address:
Date of Event:	Expected Attendance:	Youth	Adult	
Time of Event:	[Mon-Tues + Thurs-Sun: 10 a.m	s-Sun: 10 a.m7 p.m. / Wed: 2-7 p.m.]		
ADMISSION FEE (PLUS TAX) CRI	EDIT CARD PAYMENTS ONLY			
All Guests: \$12	X QUANTITY	_ =	_	
48"+ Shockwave: \$17	X QUANTITY	_ =	_	
Discounted Rate: \$9 (MUST HAVE 250+ TO QUALIFY)	X QUANTITY	_ =	_	
ALL Slides and Shockwave hav	e a minimum height of 48" a	ınd maximum weig	ght of 300 lbs. to ride.	
Consent - Initial below to acknow	ledge and consent to each of t	the following:		
ALL GUESTS who enter the facility must purchase a ticket regardless of participation.				
No outside food or drinks a	llowed			
No alcohol or smoking insid	le the Liberty Lagoon facility or o	on any BREC property	(City Ordinance).	
Day camp is responsible for	cleaning, disposing of thrash in	appropriate cans, and	d returning lifejackets.	
I acknowledge that this agreement Use Policies are not followed or nec use policies. Applicant accepts all to any policies as established by the R	ed to be enforced. Applicant here erms and conditions set forth her	eby acknowledges rec rein together with rul	ceipt of the general facility les, terms, and conditions of	
Organization Representative Signature: Date:			re:	