

Wray Aquatic Center

240 W. 6th Street – P.O. Box 35, Wray, CO 80758 • Phone: (970) 332-5345

Pool Party Registration Form

Tuesdays & Thursdays, 6:00-8:00 p.m.

Group/Company's Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Date Requested: _____

Estimated Number of guests: _____

Cost: \$250.00 (*\$100 non-refundable deposit due at time of booking, \$150 remaining payment due at time of party*)

Payable to: City of Wray

No drugs, alcohol or smoking are allowed on the premises. No patrons under the influence of drugs or alcohol are allowed on the premises and will be asked to leave. No glass containers are allowed. All trash must be placed in appropriate trash receptacles at the end of the event. The contact person on pool party registration form must always be present during the event. All pool rules and regulations must be observed. Failure to comply with the above regulations may result in additional fees, party being closed down early and/or summer pool privileges being suspended.

Cancellation Policy:

Due to weather:

Full Refund (\$250) – If party is cancelled before 6:00 p.m. day of party. Deposit will be kept if party is rescheduled.

Half Refund (\$125) – If party is cancelled anytime during the first hour of party.

NO Refund after the first hour. Refund will be mailed out.

Cancellation for any other reason:

Full Refund – If at least 2 weeks before scheduled date.

\$150 Refund (WAC keeps \$100 deposit) – If less than 2 weeks before scheduled date.

NO Refund – Once scheduled party has started – Full payment of \$250 is owed.

I hereby acknowledge my desire to reserve the Wray Aquatic Center, City of Wray, for a private party on above stated date. I understand that as the contact person, I am responsible for the guests I invite to the party. I understand that I am doing so under my own risk and hereby release and forever discharge the City of Wray, its employees, officers, and agents from any injuries or damages arising from this event. I have read and understand this statement.

Signature

Date

\$100 Deposit Received: ___ Date Paid: _____ Check #: _____ Cash: _____ Initials of Employee: _____

\$150 Outstanding Received: ___ Date Paid: _____ Check #: _____ Cash: _____ Initials of Employee: _____