**SEAFORD COMMUNITY SWIM CENTER**

FOR OFFICE USE ONLY:

DEPOSIT PAID (50%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT IN FULL DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINAL PAYMENT PAID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME OF THE GATORS**

**2024 POOL PARTY RENTAL AGREEMENT**

**FOR MEMBERS ONLY**

**Facility Use Guidelines:**

* Pool party rental agreement must be fully completed and signed and include any requested documentation, a minimum of (7) days before the event commencement date.
* **Deposit (50%) must be paid upon submission of Pool Party Rental Agreement.** Remaining payment in full is due on or before the event commencement date. All fees are payable to the “Seaford Community Swim Center”.
* User is responsible for all guests and shall comply with all rules and regulations of the SCSC, the City of Seaford Ordinances as well as all Federal State and Local laws. Any user or their guests may be asked to leave the facility, without refund, if found disregarding disagreement. All party attendees will be required to sign in on party attendance sheet when entering the facility.
* User agrees to leave the facility in as good or better condition than which existed prior to their usage. The facility must be cleaned and vacated by the renters’ stated end time. The parking lot and immediate facility are considered a part of the facility and must be free of debris and vacated at the agreed upon time.
* No hazardous chemicals, illegal substances, alcoholic beverages, or glass containers may be brought into the facility.
* For “rain-outs” please contact the Pool Office at 302-629-8154 within 45 hours after your originally scheduled rental date for refunds or to reschedule. For cancellation, please contact the Pool Office at least 24 hours in advance.
* SCSC grill is not available for use during pool parties.
* **The party area is the fenced in area next to the office.**
* **Please make sure non-members leave the pool at the end of the party time.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ representative of (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the Facility Use Guidelines for rental of the Seaford Community Swim Center. I agree to, or on behalf of the aforementioned organization I represent, abide by the guidelines set forth and my signature indicates my agreement, or the agreement of my organization I represent, to all terms set forth in this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Signature Date Approval of SCSC Representative

Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2-hour 0-15 non-member children/adult swimmers $150** Check\_\_\_\_\_\_\_\_\_\_\_

**2-hour 15-30 non-member children/adult swimmers $225** Check\_\_\_\_\_\_\_\_\_\_\_

**Additional hours after 2 hours $30/hr. Max 4 hours total** Additional hours\_\_\_\_\_\_\_\_\_\_

**Total Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**