



2025 KASSON AQUATIC CENTER RESERVATION FORM

Group Contact Person: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email address: _____

Funbrella Reservation:

Reservation Date: _____

Time: _____

Number of guests: _____

Total cost: **\$50.00 non-refundable fee.** (Required two weeks prior to event.)

The daily swim fee is charged for any swimmers who do not present a season pass or pass from a Daily Pass Book.

Aquatic Center Facility Rental:

The facility is available for group rentals on Saturdays and Sundays from **9:30 A.M. to 11:30 AM.**

_____ Private Rental - \$300.00. Covers up to 25 swimmers.

_____ Shared Rental (2 group maximum) - \$175.00 per group. Covers up to 25 swimmers.

Deposits will be applied to the fee. There will be a charge of \$3.00 for each swimmer over the 25 person base. **Let us know approximately 2 weeks in advance how many will be in your group.** (Required for staffing purposes)

Concessions will not be available during facility rental times. Outside food will be permitted for events. Glass containers are prohibited.

Reservation Date: _____

\$100.00 non-refundable deposit is required.

OFFICE USE

Total amount owed: _____ Deposit amount paid: _____ Payment received on: _____

PAYMENT TYPE: (circle) CASH CHECK CREDIT CARD Received by _____

PLEASE RETURN FORMS TO CITY HALL OR EMAIL TO ACCTSPAY@CITYOFKASSON.COM