



5500 Schofield Avenue  
 Weston, WI 54476  
 (715) 359-6114 (715) 359-9988  
 (715) 241-SWIM (7946) - Aquatic Center

**WESTON AQUATIC CENTER RENTAL REQUEST FORM**  
 8:30 p.m. to 9:30 p.m. or 8:30 p.m. to 10:30 p.m.

Name of Group: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Rental Time: \_\_\_\_\_ 8:30 p.m. to 9:30 p.m. or \_\_\_\_\_ 8:30 p.m. to 10:30 p.m. Type of Event: \_\_\_\_\_  
 Number of Participants: \_\_\_\_\_ Children: \_\_\_\_\_ Adults: \_\_\_\_\_

**(Alcoholic beverages, carry-in's, coolers and glass objects are prohibited in the pool area.)**

Concession Stand: Yes / No Pool w/Slide: Yes / No

<b>RENTAL FEES</b>	
	<b>WITH WATER SLIDE</b>
<b>Number of People</b>	<b>Fee is Per Hour</b>
1 - 50	\$125.00
51 - 75	\$150.00
76 - 100	\$175.00

Pool Rental (amount from table above) \_\_\_\_\_ x (1 or 2 hours)  
 \$ \_\_\_\_\_  
 Pool/Additional people over 100 = \_\_\_\_\_ x \$1.00 x (1 or 2 hours)  
 \$ \_\_\_\_\_

**TOTAL RENTAL FEE: CASH\_\_\_ CHECK\_\_\_**  
 \$ \_\_\_\_\_  
 (Make checks payable to Village of Weston)

**ALL FEES MUST BE RECEIVED 2 WEEKS PRIOR TO DATE OF EVENT**  
 Rental fee will be refunded if canceled seven (7) days prior to event

Date Fee Paid: \_\_\_\_\_ Staff Signature \_\_\_\_\_

The undersigned accepts full responsibility for the conduct of the above group while on park property and agrees to indemnify and save harmless the Village of Weston from any and all liability which might be occasioned to said Village by virtue of granting permission in this rental agreement. I further agree to exercise due care in the preservation of the premises. I further agree that I will ensure compliance with all rules, regulations, or ordinances applicable to the use of the Weston Aquatic Center.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_