



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

WESTON AQUATIC CENTER DAY RENTAL REQUEST FORM

11:00 a.m. to 8:00 p.m.

Name of Group _____ Telephone #: _____

Address: _____

City _____ State _____ Zip _____

Name of Contact Person: _____ Telephone #: _____

Date of Event: _____ Rental Time: _____ to _____

Type of Event: _____

Number of Participants: Total: _____ Children: _____ Adults: _____

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

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

Rental Fee: \$1,000.00 per day

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, regulation, or ordinances applicable to the use of the Weston Aquatic Center.

Applicant Signature _____ Date _____