



**DATE REQUESTING** \_\_\_\_\_

Adult over age 21 responsible for appropriate activity, supervision, adherence to all policies, and facility security:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Birthday Child/Organization \_\_\_\_\_

No of Swimmers: Adults \_\_\_\_\_ Kids \_\_\_\_\_ Age Range \_\_\_\_\_

Swimmers under age 12 are required to take a swim test prior to entering the pool and under age 6 must be accompanied in the pool by an adult at all times.

**RENTAL OPTIONS**

<input type="checkbox"/> Inflatable, Pool & Whirlpool	3 Lifeguards/40 Swimmers	\$165.00	
<input type="checkbox"/> Pool & Whirlpool	3 Lifeguards/40 Swimmers	110.00	
	Pool Rental Fee		\$ _____ . _____
<input type="checkbox"/> Cafe	High School Cafe	65.00	\$ _____ . _____
	Non-Resident, Add 10%		\$ _____ . _____
	Total Due		\$ _____ . _____

**TIME OPTIONS**

Pool  2:45 - 3:45 pm Saturday  3:45 - 4:45 pm Saturday  1:15 - 2:15 pm Sunday

Cafe  3:45 - 4:45 pm Saturday  4:45 - 5:45 pm Saturday  2:15 - 3:15 pm Sunday

**WAIVER**

As The Renter/User, I Understand And Agree To Comply With All Facility Rules And Agree To Pay Any Costs Incurred Due To Incident Of Use.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please return completed form and check payable to CECS at 343 Ocean house Rd., Cape Elizabeth, ME 04107

Total Paid \$ _____ Cash/Check No. _____ Date Received _____
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