



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

☐ Inflatable, Pool & Whirlpool 3 Lifeguards/40 Swimmers \$175.00

☐ Pool & Whirlpool 3 Lifeguards/40 Swimmers 110.00

Pool Rental Fee \$ _____.

Non-Resident Add 10% \$ _____.

Total Due \$ _____.

TIME OPTIONS

Pool ☐ 1:15 - 2:15 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
343 Ocean House Rd., Cape Elizabeth, ME 04107. 207.799.2868

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