

## **Arlington Public Schools**

**Aquatics Management Office** 

2770 South Taylor Street, Arlington, VA 22206 • Phone: (703) 228-6263• Fax: (703) 228-6644

## **CAMP/GROUP RESERVATION FORM 2016**

Please use this form to request the use of one of the three Arlington Public Schools pools (Wakefield, Washington-Lee, Yorktown). Indicate your preferred pool location and time. Every effort will be made to accommodate your request. Requests will be assigned based on space availability and bather load limitations. In order to better meet your request, please provide all the information requested in the table below (*Please type or print*):

For Profit	Profit Non-Profit Camp(1)			IRS Form 501(c)				
Organization Name:		Camp Name (If different):						
Camp Director/Contact Person(s):		Mailing Address:						
Phone Number:	Cell/Phone:		E-mail:	E-mail:				
Pool Requested:		Time(s) F	Time(s) Requested:					
Days of the Week:	Camp Dates: Start End:							
Total Number of Days:			Average Number of Participants per visit:					
Average #of Participant by age:			Under 6	Under 8	Under 10	Under 12		
Please give us your best estimate. This will assist in a								
*Please note that children who are less than 48" tall must have a responsible adult in the water and within arms-reach.  Camps Counselors will need to enter the water to accompany smaller children								
Camp Fees Calculation – Camp Fees are Not-Refundable								
Number of Campers		11-15	16-25	26-35	36-45	46-60 <sup>3</sup>		
Camp Daily Fee: For Profit Camps		\$37.50	\$60	\$85	\$115	\$150		
Camp Daily Fee: Non- Profit Camps		\$35	\$55	\$80	\$110	\$140		
Booking Fee: (# Days) x	=	Camp Fe	Camp Fee: Daily X (# Days) =					
Non-Refundable fee.		Extende	Extended Care: (add'l)X (#Days) =		=			
Payable by credit card at time of request.			Total Due:					
For Office Use Only								
Pool Assigned :	d: Days of the We			eek: Times:				
Deposit Received: Date:	Amount:	Check	#: Cr	edit Card:				

- (1) According to APS Policy all groups seeking a Non-profit discount on Camp fees must submit a current copy of IRS Form 501(c) along with the booking request
- (2) An additional fee of \$35 will be charged for Groups using the pool after 5:00 pm
- (3) Groups must NOT exceed 60 campers. Groups exceeding 60 children will only be allowed to admit 60 kids

I am aware of the risks involved in the use of the Aquatic facility, including but not limited to theft or damage to personal property, and the risk of serious personal injury or drowning. While lifeguards are on duty, I am aware that I am responsible for my own and my camp participant's safety, and will swim only in areas appropriate to my or their skill level. By signing below, I agree to hold harmless the Arlington Public Schools and its agents, and acknowledge that I am using the facility at my own risk.

Signature (Camp Director (on behalf of the Organization)	Date	