



CENTRALIA RECREATION COMPLEX

PARTY APPLICATION

1. Contact Name: _____
2. Name of Organization or Honoree: _____
- Phone #: _____ Email address: _____
- Address: _____ City: _____ Zip: _____
3. Date Requested: _____ Time Requested: _____ # of People: _____
4. Time you will use the pool or gym: _____ Time you will use a room: _____
- Equipment needed: _____

DURING HOURS PARTY

2 1/2 Hours for 25 persons \$150
Additional fee of \$2.00 for each person over 25

AFTER HOURS PARTY

3 Hours for 25 persons \$450
Additional fee of \$2.50 for each person over 25

This includes time for decorating your room.

PARTY OPTIONS:

One Hour Pool or Gym & One Hour Party Room

Pool or Gym with Party Room

Pool or Gym Only

Private Party

FOR OFFICE USE ONLY:

Pool or Gym Charge: _____

Amount of Deposit Paid: _____

Room Charge: _____

_____ Cash _____ Check _____ Credit Card

Balance Paid: _____

Attending: _____ x \$2.00/\$2.50= _____

_____ Cash _____ Check _____ Credit Card

Total Due: _____

Staff Initials: _____

Centralia Recreation Complex
Party Guidelines

1. Participants must be at least 4 feet (48 inches) tall to use the water slide.
 2. Children under 18 cannot get in the spa without direct supervision from a parent or legal guardian.
 3. A fifty-dollar (\$50) deposit is required the day of booking, and all additional charges will be due and payable on the day of the party.
 4. A cancellation notice must be given at least seven (7) days prior to the scheduled date of the party for a full refund. If a cancellation notice is given less than seven (7) days, there will be no refund on the deposit.
 5. Note: If your party is booked "During Hours", activities are not private and the pool and gym are open to the public at this time.
-

"Hold Harmless Agreement"

It is agreed that the person, firm, organization, or corporation, including all those associated with said person, firm, organization, or corporation, using the said facility shall indemnify and hold harmless and defend the Centralia Recreation Complex and The Centralia Foundation, its officers, agents, servants, and employees from any and all claims of every character of nature resulting from injuries, damage and losses arising out of, connected with, or resulting from the use of said facilities. I have read and fully understand this agreement.

Signature of Individual Making Request

Date

Employee Initials