Super Splash Park Rental Request

625 S. Lewis Lane | 618-549-4222 Permit#_____Rental Date _____

Full Name (please print) _____ **Birthdate** _____

Organization (if applicable) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email _____

Primary Phone _____ **Secondary Phone** _____

Best way to contact you (Select One) **Primary Phone** **Secondary Phone** **Email**

Rental Dates* _____ **Rental Days S M Tu W Th F Sa # of Guests_____**
(MM/DD/YY)

After Hours Facility Rentals (Beginning at 6:30PM-8:30PM)

Purpose of Event _____
_____
_____
_____

Rental Facilities Requested: Full Facility Leisure Pool Slide Lazy River Competition Pool

Will a Fee be Charged? Yes No Open to the Public? Yes No
Caterer Info (if applicable): _____

***If a catering service is being used, applicable health department permits must be submitted at least 1 week before the renal is to take place. If the event is open to the general public and food is being served, additional food permits may be required.**

****Extra fee may be applied based on group size**

Rental will start when the first person arrives & ends when the last person leaves. You will be charged time and a half for time not requested on this form.

I have read all the Rules and Regulations attached. I understand and agree to them as a condition of my use of Carbondale Park District Super Splash Park parks/facilities. I further understand that non-compliance with these conditions may result in loss of permit, additional fees and charges or any other applicable consequences under the ordinances of the Carbondale Park District or under the law.

Additionally, I understand that submission of this form does not guarantee a rental with the Carbondale Park District. If the request is approved, CPKD staff will contact the appropriate individual(s) and only after making contact, staff will process the reservation.

Signature: _____ Date:_____

OFFICE USE ONLY

Initial Contact_____Date_____

Deposit $___ Taken by _____Date_____
Check # _____Receipt #_____CC: Amex V M D Cash
Approved by_____Date_____
Active entry by_____Date_____ **PERMIT #**
Calendar entry by_____Date_____

Balance $_____Taken by _____Date_____
Check # _____Receipt #_____CC: Amex V M D Cash
Deposit: Refunded/Claimed Refunded by_____
Date Refunded_____Via: Check/CC Notified: Mail/Email

Confirmation & Invoice Sent by: _____ Date: _____ Notified: Mail/Email