



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	\$175.00	
<input type="checkbox"/> Pool & Whirlpool	3 Lifeguards/40 Swimmers	110.00	
	Pool Rental Fee		\$ _____ . _____
<input type="checkbox"/> Cafe	High School Cafe	75.00	\$ _____ . _____
	<b>Non-Resident</b>	<b>Add 10%</b>	\$ _____ . _____
	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  
343 Ocean House Rd., Cape Elizabeth, ME 04107. 207.799.2868

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