



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		\$ _____ . _____
	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 _____