2016 Group Request Form

Name of Group: _____

Contact Person: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell or Day of Phone: _____

Email: _____

Date(s) Requested: Please list day, date, and time for each visit. **Please Note:** Bob Welch Aquatic Center will be open on July 4, 12pm-6pm, and will be closed July 22-24 due to Swim Meet.

Day	Date	Arrival	Departure

Billing Information

Please circle the payment option your oganization plans to use.

100 % Bill Membership* Pay At BWAC

Tax Status _____ Exempt _____ Non-Exempt

Anticipated Attendance:

Memberships		Bill		Pay @ BWAC		Total	
	Youth		Youth		Youth		Youth
	Adult		Adult		Adult		Adult

* When using the **membership option**, please plan to provide a roster of participants that are in attendance during each visit. The roster should include the number of staff, and first and last names of all youth participants. The Bob Welch Aquatic Center staff will use the roster to check members in. Groups that have participants in attendance that do not have a current membership will be billed the daily attendance rate for each non-membership participant.