



Private Rentals

The Whitewater Aquatic and Fitness Center offers private rentals to businesses, groups, service organizations and families for a variety of special occasions. Groups can rent the lap pool, leisure pool or both for special events. American Red Cross Lifeguards are provided for private rentals. **Private rentals occur after facility is closed. Time is set aside Saturday and Sundays 6:30–8:30pm**

Private Rental Policies

- Two weeks advance notice is requested.
- Minimum required 20 participants.
- Pools are rented spaces for exclusive use for private functions.
- Chaperones are in charge and must be identified as supervisors.
- **ALL patrons must pay admission swimming or not swimming.**
- The Aquatic Director has the right to set staffing levels to meet safety standards, any extra staff needed will be added to the rental price at a rate of \$25 per hour.
- Meeting rooms may be included with private rentals at an additional fee of \$50.00.
- All rules and regulations of the Whitewater Aquatic and Fitness Center apply during rental time, unless otherwise approved.
- *There is a minimum of \$50 security deposit required for all reservations.*
- Proper paperwork must accompany security deposit.

Private Rental Fees

Lap Pool Only (Maximum Capacity 249)

	20-50	51-100	101-200	201-250
Base per 2 hours	\$150.00	\$150.00	\$175.00	\$200.00
per person charge	\$5.00	\$5.00	\$5.00	\$5.00
Max. Charge	\$350.00	\$550.00	\$975.00	\$1,200.00

Leisure Pool Only (Maximum Capacity 249)

	20-50	51-100	101-200	201-250
Base per 2 hours	\$200.00	\$200.00	\$225.00	\$250.00
per person charge	\$5.00	\$5.00	\$5.00	\$5.00
Max. Charge	\$400.00	\$600.00	\$1,025.00	\$1,250.00

Lap and Leisure Pool Only (Maximum Capacity 498)

	20-50	51-100	101-200	201-250	250-500
Base per 2 hours	\$275.00	\$275.00	\$300.00	\$325.00	\$375.00
per person charge	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
Max. Charge	\$500.00	\$675.00	\$1,100.00	\$1,325.00	\$2,375



Private Rental Form

Group Name: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Phone Number: _____

ID Number: _____ **Tax Exempt Number:** _____

Number of people: _____ **Price Per person:** _____

Day: _____ **Time:** _____ **Date:** _____

Facility Area: _____

*** The following is completed by a WAFC staff member**

Total Amount Paid: _____ **Form of Payment:** _____

Reservation Taken By: _____ **Payment Taken By:** _____