CHESTERFIELD FAMILY AQUATIC CENTER
Group Swim Application

P/636.812.9500
F/636.536.1648
E/parksandrec@chesterfield.mo.us

PLEASE PRINT

Date: _____ _____ _____ _____
Month Day of the week Day Year

Time of Arrival:_____ Time of Departure: _____

Attendance (# of adults): _____ Attendance (# of kids): _____

Type of Group: _____ Group Title: _____

Group Swim Rules

1) Group Swim rates ONLY apply to those groups consisting of a minimum of ten (10) individuals.
2) All Group Swim Applications must be made at least one (1) week prior to the scheduled activity date to receive the discounted rate.
3) The rate is 10% less than the general admission rate.
4) A ratio of one (1) swimming adult to five (5) children under the age of five (5) must be met at all times. Otherwise, a ratio of one (1) swimming adult to eight (8) children must be met at all times.
5) The City of Chesterfield reserves the right to limit the number of daily "Group Swim Applications".
6) All admission fees MUST be paid in full (Cash or Check) at the Family Aquatic Center on the day of the activity. To receive the 10% Group Discount, you must bring along a copy of your approved "Group Swim Application."
7) All regular pool rules apply.
8) NO BUSES ARE ALLOWED IN THE CENTRAL PARK PARKING LOT. BUSES MUST REMAIN ON LYDIA HILL FOR DROP-OFF, PICK-UP AND PARKING.

Application & Notices

All Group Swim Applications and notices to the City regarding the Agreement shall be directed to: *City of Chesterfield, Parks, Recreation & Arts Division, 690 Chesterfield Parkway West, Chesterfield, Missouri 63017; 636.812.9501.*

The following group representative is designated as having the authority to make all decisions on behalf of the group regarding this application:

Name: _____ Group name: _____

Address: _____ City/State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Email address: _____

Miscellaneous

This Application contains the entire Agreement between the parties. In Witness whereof the parties have executed this Application as of the date first above written.

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APPLICANT:

By: _____

Title: _____

Date: _____

CITY OF CHESTERFIELD:

By: _____

Title: _____

Date: _____

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