Carlisle Barracks
“Splash Zone” Swimming Pool
POOL RESERVATION FORM

RESERVATION INFORMATION
Date:________________________
Time:________________________
Number of Guests:___________
If children are involved, the following adult to child ratio must be met:
3-5 yrs of age 1 to 5
5-6 yrs of age 1 to 8
7-15 yrs of age 1 to 15

REQUESTOR INFORMATION
Name:_____________________________________________________________________
Contact Phone Number (Cell):____________________ (Home):_______________________
Email:_____________________________________________________________________

COST
$100 per hour—2 hour minimum

RESERVATIONS
Payment must accompany the reservation form. A receipt will be issued when payment is received. Payment can be made by cash, check, money order or credit card. Check should be made payable to: Carlisle IMWRF.

All reservation requests must be submitted in writing to the Splash Zone pool manager for approval at least two (2) weeks in advance.

Private party reservations are available only after the pool has closed to the public at 7pm. Groups are welcome during regular pool hours but prior notification should be given to the Pool Manager. Military identification of the sponsor is required. All guests of the group will be required to pay the guest admission fee. The hourly rate does not apply.

All reservations will include lifeguard supervision and pool staff on site.
Group cannot exceed 126 people.

EMPLOYEE USE ONLY ___________________________________________ Signature □ Cash □ Check
_________________________________________ Date □ Money Order □ Credit Card Amount:______