



PLAINFIELD PARK DISTRICT – OTTAWA STREET POOL
GROUP RESERVATION APPLICATION

2010
APPLICATION

CONTACT INFORMATION

Contact Name: _____ Organization: _____
Address: _____ City: _____ Zip: _____
Phone (W): (____) _____ Phone (C): (____) _____ Fax: (____) _____

RESERVATION INFORMATION

Day (s) Requested: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date (s) Requested: _____ *# of Guests Expected: _____

* Advanced reservation, at least three days prior to your event, is required. All guests attending your group outing are included in the head count, regardless of whether they swim or not. Group must consist of at least 20 guests to qualify for the group rate. Season pass holders do not count towards the 20 person minimum. All groups are required to have a minimum adult to child ratio of 1:10 during group usage.

HOURS OF OPERATION

Group reservations allow guests to enjoy the Ottawa Street Pool during normal hours of operation only. However, our hours of operation may be altered due to inclement weather, swim meets or special events. For up-to-date information, call the Ottawa Street Pool admissions desk at 815/436-3314. Our hours of operation are as followed:

Afternoon Swim Weekend Swim Evening Swim
Monday - Friday (1 – 4:30 pm) Saturday & Sunday (1 – 8 pm) Monday - Friday (7 – 8:30 pm)

GROUP RATES

Afternoon Swim/Weekend Swim R \$3/ NR \$6 Evening Swim R \$2/ NR \$4

AGREEMENT/ PAYMENT INFORMATION

By signing this form, I acknowledge that I have read and agree to abide by all Park District rules and regulations.

Signature: _____ Date: ____/____/____

If authoring the Plainfield Park District to charge your credit card for the amount of the rental, please provide us with the information below:

Payment Amount: \$ _____ Check Payable to Plainfield Park District (ck #: _____) Cash Payment
 Visa Mastercard

OFFICE USE ONLY

Type:	Fee/ Person:	Additional Fee:	Total Payment Due:	Amount Received:
<input type="checkbox"/> Group				
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Approved: ____/____/____ If not, please specify: _____				
Manager Signature: _____ Date: _____ Head Guard Signature: _____ Date: _____				