



MEMORIAL PARK POOL
 421 E Homestead / Medina OH 44256
 330.721.6900

MEMORIAL PARK POOL RENTAL REQUEST FORM

1. RENTER INFORMATION

Name: _____ Submitted On: ____/____/____ at ____:____ am/pm
Last First M.I. Date Time

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

Resident Status: Resident Non-Resident / Memorial Pool Member Email: _____

Organization Name (if applicable) _____

2. RENTAL INFORMATION

Event Name: _____

Description: _____

Birthday Person's Name / Age: _____ Attendance: _____

Date(s) and Time(s):

Date of Interest (MM/DD/YY): CHOICE #1 _____ CHOICE #2 _____

Time during pool hours:	CHOICE #1	<input type="checkbox"/> MIDDAY (11:30am-2:30pm)	<input type="checkbox"/> AFTERNOON (3:30pm-6:30pm)
Time during pool hours:	CHOICE #2	<input type="checkbox"/> MIDDAY (11:30am-2:30pm)	<input type="checkbox"/> AFTERNOON (3:30pm-6:30pm)
Time before/after pool hours:	CHOICE #1	<input type="checkbox"/> MORNING (8:30am-10:30am)	<input type="checkbox"/> EVENING (7:30pm-9:30pm)
Time before/after pool hours:	CHOICE #2	<input type="checkbox"/> MORNING (8:30am-10:30am)	<input type="checkbox"/> EVENING (7:30pm-9:30pm)

Repeat: Yes No If yes, how often: (Ex. Once a week or every Monday and Thursday) _____

Rental Rates:

Resident /Weekday: \$25 Resident / Weekend: \$35 Resident / Before or After Hrs: \$75 + Lifeguard Fee* (_____) = _____

Non-Res / Weekday: \$35 Non-Res / Weekend: \$45 Non-Res / Before or After Hrs: \$75 + Lifeguard Fee* (_____) = _____

* Before or After Hours Lifeguard Fee will be determined by aquatics staff. An estimate will be provided when confirming availability

* Allow extra time to check in at the Pool House on the event day. Everyone must scan in with photo ID in order to enter the facility

3. RENTAL PROCEDURE

(1) Complete, sign & date a Rental Request Form. (2) Submit by email, fax, mail or drop off at the Medina Community Recreation Center (MCRC) front desk during facility hours. A security deposit is not required at this time. (3) Requests are typically reviewed within 1-2 business days & are subject to approval based on facility & staff availability. (4) You will be notified by phone or email (a) if the request has been approved; (b) if it is advisable to proceed with event arrangements (send out party invitations, etc); and (c) with a date to come in the MCRC to sign the Rental Contract & pay the rental fees in full. (5) Refer to the website for more information. 2 week cancellation policy. (6) Changes to the Rental Contract are subject to a \$5 contract change fee.

4. STATEMENT OF UNDERSTANDING

I understand that this form is a request for rental, the completion of this form does not guarantee my rental of the requested facility. I have read and fully comprehend the facility and rental policies on the MCRC website.

Print _____

Signature _____

Date _____

OFFICE USE ONLY – APPROVAL & PAYMENT INFORMATION

Rental Coordinator	<input type="checkbox"/> Reviewed & Approved	<input type="checkbox"/> Not Approved	Initials: _____	Date: _____
RC Supervisor	<input type="checkbox"/> Reviewed & Approved	<input type="checkbox"/> Not Approved	Initials: _____	Date: _____
Other Staff	<input type="checkbox"/> Reviewed & Approved	<input type="checkbox"/> Not Approved	Initials: _____	Date: _____
Center Manager	<input type="checkbox"/> Reviewed & Approved	<input type="checkbox"/> Not Approved	Initials: _____	Date: _____

Rental Status: Tentative (Date: ____/____/____) Firm (Date: ____/____/____)
 Cancelled (Date: ____/____/____) Complete (Date: ____/____/____)

Notes: _____

Amount of Deposit / Payment \$ _____ Received On _____ Received By _____ Balance Due _____

Form of Payment Cash Check # _____ Visa MC Discover Am Exp Other _____