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PARKS, RECREATION & FORESTRY Ron Grall, Director
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Waukesha, WI 53188
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City of Waukesha Parks, Recreation & Forestry Department
Aquatic Group Admission Request Form

****MUST BE RECEIVED 7 DAYS PRIOR TO ADMISSION TO RECEIVE GROUP RATE**

Return to: WPRF, 1900 Aviation Dr., Waukesha, WI 53188

Name of Group:_____

Contact person: _____ **Phone**: (___) ____ - _____ **Email:**_____

Group supervisor (day of event): _____ **Mobile Phone**: (___)_____ - _____

Address:_____

City:_____ **Zip:**_____

Facility requesting (check one): ____Buchner Pool ____Horeb Springs Aquatic Center
223 Oakland Ave. 330 Spring Street
(262) 524-3726 (262) 524-3727

Date of Admission: _____/_____/2014

Arrival time: _____:_____am/pm **Departure time**: ____:____am/pm

Number attending: Youth: _____ Adults:_____
(Ages 1-17) (Ages 18+)

Special Instructions; Medical Alert:_____

_____

- Forms available at WPRF Office; website; and at the pools.
- 7 days prior notice is required to receive group discount
- Groups eligible for tax exempt status must complete a Wisconsin Sales and Use Tax Exemption Certificate at Least 7 days in Advance (submit with Group Admission Request Form)
- Payment for group is made the day of event. Payable by check, credit card (Visa/Mastercard) or cash. Please make checks payable to: WPRF
- Intended use for groups 20 or more that do not have a WPRF pool pass.
- Registered groups receive one free adult chaperone admission with every 10 paid youth admissions.
- One adult required for every 5 kids who are non-swimmers & unable to pass swim test.
- Please read Group Brochure- includes expectations for staff supervising youth; swim test information; and storage for pool attire. The Group Brochure is available on-line www.ci.waukesha.wi.us.
- Please give us a courtesy call (24 hours in advance) or email before coming to the pools to ensure quality service.
  Horeb Pool: 262-524-3727
  Buchner Pool: 262-524-3726
  prf@ci.waukesha.wi.us

The undersigned accepts full responsibility for the conduct of the group while on Park property and agrees to exercise due care to the rules, regulations and policies applicable to the use of the City of Waukesha Parks, Recreation and Forestry two outdoor pools.

_____ _____
Applicant Signature (must be 18 yrs. or older) Date

Office Only: Approved By_____ Date_____