Nina B. Hollis Wellness Center
Pool Reservation Form

Please indicate which area you are requesting? □ **Pool** □ **Upper Deck/Terrace**

Today's Date: _____ Date(s) of Event: _____

Name: _____ Phone: _____ Dept/Org: _____

Title of Event: _____

Time of Event: _____ to _____

# of Participants Expected: _____ (Pool capacity is 180)

Set-up Information

□ Lane Ropes □ Water Volleyball □ Water Polo □ Bleachers

Will you be arranging for Food Service? ____ **Yes** ____ **No**

All food provisions are the responsibility of the sponsor of the event. Refer to the "Activity/Event Registration Form" obtained from Student Activities. Food Service will need to be arranged through Guest Services. No food is allowed on the pool deck.

Lifeguards (after regular hours) ____ **Yes** ____ **No** *(A minimum of three lifeguards are required for pool usage)*

The lifeguard rate is $12/hour per lifeguard. Payment arrangements must be made with the Aquatic Coordinator prior to the event. The lifeguards on duty cannot be members of the organization sponsoring the event.

Policy Statement

Areas of the Nina B. Hollis Wellness Center are available to the Florida Southern College community. Reservations must be made at least 10 days prior to the event date and we request that cancellations be made at least 24 hours in advance. All HWC policies are applicable and will be enforced during rental periods. Specific area policies are posted in each area and are expected to be followed at all times. The department or organization using the facility is responsible for leaving the area in the same condition as when they arrived. Food and drink are not permitted in the gym, aerobics room, fitness room, or pool deck. Failure to comply with this agreement and/or HWC policy may result in forfeiture of future usage privileges. In addition, the HWC will not be responsible for lost or stolen items.

I have read and understand the policies regarding the HWC facility reservation procedure and will abide by them.

_____ _____
Responsible Party Date

_____ _____
Director of Wellness Programs Date

_____ _____
Assistant Dean of Wellness Date

Office use only

Was facility left clean?	Yes	No
All equipment returned?	Yes	No
Recommend future rental?	Yes	No

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