



Depo 5101.6H

MCCS POOLS
Unit Event Form and User Agreement

Unit pool party events must be scheduled with at least 2 weeks advance notice. If your event is scheduled during normal operating hours; daily entry fees will be assessed per guest and the pool will be shared with day-to-day patrons. To reserve a pool for your event; please complete this request form and submit it to your respective MCCS coordinator.

Event: _____ Date of Event: _____
Unit: _____ Time Block: _____
Requested by: _____ Title: _____
Work Phone: _____ Alternate Phone: _____
Hosted by: _____ Rank: _____
Work Phone: _____ Alternate Phone: _____

Requested Pool: ___ Laurel Bay ___ Parris Island ___ Naval Hospital

Number of guests expected? _____

The number of guests determines the amount of lifeguards needed. Please be as accurate as possible with this number. You must call (843-228-1506) 7 days prior to confirm numbers.

All pool parties are required to have an adequate number of lifeguards for the amount of patrons attending the event. The Aquatics Department will determine the number of lifeguards required for each event and will charge the unit's Family Readiness Account upon permission from a Unit Funds Approving Official.

INITIALS _____

Party may be cancelled due to inclement weather. The facility cannot operate during a thunder and/or lightning storm. The amount of the refund will be based on prorated ratio to the nearest half of the hour when you leave the facility.

INITIALS _____

No alcohol is permitted at any MCCS Pool or the direct vicinity, to include the parking lot and grass areas.

INITIALS _____

The host assumes all liability and responsibility for food being brought into the facility. No glass containers of any kind are allowed.

INITIALS _____

The host agrees to and is responsible for any and all damages incurred during the event.

INITIALS _____

The area will be cleaned before securing to include all trashcans emptied.

INITIALS _____

I, _____, agree and fully understand the terms of the user agreement above.

HOST SIGNATURE: _____ DATE: _____

Approving official Name (Print): _____

Approving official signature: _____ Date: _____

Cost Center number: _____

Below for OFFICE USE ONLY

AMOUNT PAID _____ # OF GUARDS REQUIRED: _____