



# CAMBRIDGE POOL RENTAL AGREEMENT

Cambridge Community Activities Program

P.O. Box 54 Cambridge, WI 53523

[www.cambridgecap.net](http://www.cambridgecap.net)

(608) 423-8097

Event Date: \_\_\_\_\_ Time of Rental: \_\_\_\_\_

Name of Party \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Number of children: \_\_\_\_\_ Number of adults \_\_\_\_\_

Type of Group (please circle):                  Non-Profit\*                  For-Profit\*\*                  Individual\*\*

Would you like to include a rental of the Cafeteria?:                  \$25\*\*                  Yes                  No

**Group Rental Rates – please circle one**

Number Attending	Resident	Non-Resident (lives outside the School District of Cambridge)
1-25 people	\$50/hour	\$60/hour
26-50 people	\$75/hour	\$90/hour
51-75 people	\$100/hour	\$120/hour
Over 75	\$125/hour	\$150/hour

Total Fee: \_\_\_\_\_

**Rental Agreement**

I agree to abide by the rules of the Cambridge Area Community Pool and use the building appropriately. I accept responsibility for any damages that occur during the use of the facility. I realize that the Cambridge Community Activities Program is not liable for injuries that occur during the use of the pool. The rental group must be out of the facility (including the locker rooms) no more than 15 minutes past the rental period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\*Must provide WI Sales and Tax Use Certificate of Exempt Status & complete form S-211 prior to rental

\*\*5.5% sales tax applies

**Fee must be paid in full and agreement must be signed and returned to the Director of Aquatics Operations at least two weeks prior to the event. Rentals are on a first come first serve basis.**

**Following CAP Cancellation Policy, rentals may be cancelled due to emergency, staffing issues, or otherwise. In the case of a cancellation, notice will be provided at least 48 hours in advance.**

**If the number attending changes, please notify the Director of Aquatics Operations a minimum of three working days in advance. This will allow for fee adjustment and/or securing additional staff.**

**For Office Use:**

Subtotal: \_\_\_\_\_

Tax Exempt Number: \_\_\_\_\_

Tax: \_\_\_\_\_

Form S-211 Collected: \_\_\_\_\_

Total: \_\_\_\_\_