**\*Forms w/payment must be received at least 2 weeks in advance of visit. \***



|  |  |
| --- | --- |
| **Name of Organization (if applicable):** | |
| **Contact Person:** | **Contact Person’s Title:** |
| **Contact Person Email:** | **Contact Person Telephone:** |
| **Organization Address:** | **Organization City & Zip:** |
| **Contact Person Telephone:** | **Organization Email:** |
|  |  |
| **Date of Visit:** | **Number of children:** |
| **Time of Arrival:** | **Age range of children:** |
| **Time of Departure:** | **Number of Chaperones:** |
| **Mode of Transportation:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Group** | **Please check**  **corresponding box** | **Non - Resident Fee** | **Resident Fee** |
| **8-10** |  | **$25** | **$10** |
| **11-20** |  | **$50** | **$20** |
| **21-30** |  | **$75** | **$30** |

Payment is due prior to issue of permit. Payment can be made in the form of Cash or check. Please make checks payable to the Town of Sweden.

**Group Waiver & Information** I understand the rates and terms that are written above and: I have read and understand the attached Splash Pad Rules (see attached) Our group contact and all chaperones will obey and enforce all facility rules with our group members. I am responsible for all actions and behaviors of my group during our visit to the Town of Sweden’s Splash Pad

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person’s Signature Date

OFFICE USE ONLY

Date received: \_\_\_\_\_\_\_\_\_\_\_\_ Date Processed: \_\_\_\_\_\_\_\_\_\_\_ Approved: Yes No

Reason, if no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_