



City of Naples - Community Services Department

FACILITY RESERVATION APPLICATION
RIVER PARK AQUATIC CENTER



451 11th Street | Naples, Florida 34102
Phone: (239) 213-3040 Fax: (239) 213-3035 Email: riverparkaquaticscenter@naplesgov.com

We accept checks, cash and all major credit cards. Make checks payable to City of Naples. Submit completed application and payment by mail or in person to: River Park Aquatic Center, 451 11th Street, Naples, FL 34102. Payment is due in full prior to day of event.

NAME/ORGANIZATION: _____

ACTIVITY & DESCRIPTION: _____

Attendance (Estimate): _____ Date(s) Requested: _____

Actual Event Time Set Up Time Take Down Time
_____ to _____ to _____ to _____

Individual Responsible for Event/Activity: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail Address: _____

All rules, regulations and policies governing operation of City parks, Aquatic Center and Community Services Department facilities must be followed. (Ordinance 07-11560 and Resolution 07-11562). A list of rules will be provided upon request.

Is this a Charitable/Non-Profit Organization? [] Yes [] No

Note: Reservation Form effective October 1, 2019
Do not use older form

If yes, FL State Tax Exempt #: _____

(Please provide us with a copy of your Tax Exempt form for our files)

Table with 5 columns: FEES AND CHARGERS, HOURS, Non-Profit Charitable/501c, Private/Commercial For Profit, TOTAL \$. Rows include Pavilion shaded space, Pool Rental, Lane Rental, Additional lifeguard, Fundraising, Equipment Rentals, Deposit for Clean Up/Damage, and TOTAL AMOUNT DUE.

WAIVER: I, the undersigned, and above contractor will indemnify, defend and hold harmless, the City of Naples, its agents, employees, officers, servants, instructors, volunteers and any and all other associates, from and against any and all actions, in law or in equity, from liability claims for damages, demands, or judgments to any person or property which may result now or in the future from the conduct of this event/activity.

Signature of Applicant Date Signature of Park Mgr/Supervisor Date

(Note: If submitting this form electronically, please type your name and date on the corresponding lines above. Also, please review the Electronic Submittal disclaimer on the following page.)

ELECTRONIC SUBMITTAL

(NOTE: The button used to submit this form (via email) will appear upon checking the box and agreeing to the terms below. Saving this entire form for electronic submittal requires a minimum of free Adobe Reader version 11 (or greater), or Adobe Acrobat Standard / Pro).

By checking this box, typing your name in the applicant/citizen signature field(s), and submitting this form electronically (via email), you affirm that all information contained within this document was completed truthfully, and to the best of your knowledge and you understand that your electronic signature is considered legally binding the same as signing your physical signature by hand.