



OUTDOOR POOL PARTY APPLICATION

Name of Responsible Party:

Address:

Primary Phone:

Email Address:

THE DOLPHIN PACKAGE Up to 50 guests \$240.00

Parties are held during normal business hours that the pool is open to the public. Package includes picnic tables and are available during open public pool hours. Guests must leave the pool at end of the party. Packages must be paid in full at the time reservation is made. Credit will be issued if pool is closed due to inclement weather in accordance with pool closure policy.

Date Requested: _____ Day of Week: _____

Number of Guests: _____ Time: 4:00 – 6:00 pm

THE WHALE PACKAGE Private Party Pending Availability 7 – 9 pm

Package includes use of main pool, diving board and slide and all lounge furniture. Renter is responsible for clean-up. Trash bags and bins are provided. Premises must be vacated by 9 p m. Price includes pool admission for all guests. Parties must be paid in full at the time reservation is made. Refunds will be given if pool is closed due to inclement weather in accordance with pool closure policy. Refunds take up to three weeks for processing.

Date Requested: _____

- Up to 50 guests \$425**
- 50 – 100 guests \$460**
- 101+ guests \$485**

- \$60 extra charge for if you want use of the baby pool.**

TURN OVER TO COMPLETE APPLICATION

PLEASE REVIEW AND SIGN: I have read, understand and agree to the City of Berea Recreation Center Pool Rules and Regulations. I understand that if my guests and I are unable to adhere to the rules and regulations of the Berea Recreation Department, we will be asked to vacate the premises. Neither the City of Berea nor the employees of the City of Berea, Department of Recreation, its agents or assigns shall be held accountable for lost or stolen items. I indemnify and hold harmless the City of Berea, its employees and agents from any claims or damages on account of personal injury or property damage to anyone using the facility and/or grounds in connection with the function sponsored or operated by the rental applicant, and/or growing out of their use and occupancy of the facility and/or grounds, or through any defect in said premises, including sidewalks adjoining the same and use or operation thereof.

Applicant Signature: _____ Date: _____

Must be at least age 18

Please mail/deliver application and payment payable to the City of Berea:
Berea Recreation Department
Attn: Lori Jakobsky
451 Front Street
Berea, Ohio 44017

For questions please contact: Lori Jakobsky at (440) 826-5890 or ljakobsky@cityofberea.org

OFFICIAL USE ONLY BELOW

Date Received: _____ Staff: _____ Cash Check
Card

APPROVED BY: _____ DECLINED BY: _____

Added to Facility Calendar: _____ by: _____

revised 12/2024