



WIBIT PARTY AREA RESERVATION FORM

Person making reservation: _____

Address: _____

Email: _____ Freedom Member? YES NO

Phone number(s): _____

Date requested: _____ Child's name & age: _____
(9 years of age and older)

Time: Saturdays: 11:45am-3:15pm*
 1:15-4:45pm*
 2:45-6:15pm*

*see details on party area and center use guidelines page

Number of People: _____ Staff Signature: _____
(25 people maximum)

I have provided the information above, and agree to commit to the charges related to the support services requested. In addition, I agree to the following: 1) Protect the University from any claims that may arise from injuries/ losses to attendees and 2) repair or replace any University property that is damaged by the event. I have read the instructions on the attached sheet and agree to comply with them as conditions for use.

Signature

Date

Complete this area or attach receipt to contract:

Amount Paid \$ _____

Cash Check _____ (check number)

Make checks payable to **Freedom Aquatic & Fitness Center**

Credit Card

Please do not include credit card information on the face of the document or your email. Instead, call our Front Desk later in the day and we'll complete the registration with your payment.