



Hastings Family Aquatic Center  
901 Maple St.  
Hastings, MN 55033  
651-480-2385



## After Hour Rental Application

Mail completed application with deposit to:  
Hastings Parks & Recreation  
ATTN: HFAC After Hour Reservation  
920 W 10th Street, Hastings, MN 55033

Group Name:

Group Contact Name:

Mailing Address:

City, State, Zip:

Phone: (Work) (Cell)

Rental Information	Rental Date	Arrival Time	Departure Time	Total # of Guests

### Payment Information

The Hastings Family Aquatic Center accepts VISA, MasterCard, Discover, and Cash -- NO PERSONAL CHECKS

Arrival Date	Enter Date(s)→	EXAMPLE
1 hour rental = \$150.00 + Staff	\$	\$
2 hour rental = \$270.00 + Staff	\$270.00	\$
0-50 Guests 1 Hour Rental=\$130.00	\$	\$
0-50 Guests 2 Hour Rental=\$226.00	\$226.00	\$
50+ Guests 1 Hour Rental=\$185.00	\$	\$
50+ Guests 2 Hour Rental=\$322.00	\$	\$
<b>Total Due Now</b>	<b>\$496.00</b>	<b>\$</b>

Type of Payment (circle one)

Cash / Visa / MasterCard / Discover

The City of Hastings does NOT issue invoices

Name on Card (please print)

Card # Exp Date: CVV Code:

Signature: Today's Date:

### Participant/Group Release

I, the undersigned parent, guardian, or participant, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Hastings Family Aquatic Center, Aquatic Facility Manager, and staff harmless from and against all liability for any injury or loss of property by the aforementioned individual(s) arising out of, or in any way connected with his/her participation in this activity.

Signature: Printed Name:

### BELOW FOR OFFICE USE ONLY

Write Reservation Date in Book	Today's Date:	Print Your Name:
Confirmation Letter Sent with Receipt	Date:	Print Your Name:
Deposit Paid	Date:	Print Your Name: