APP:	LICATION TO LEASE CITY OF CLEARWATER SWIMMING POOLS				
FORI	M 1600-0278 : rev. 10/95				
PARI Muni 100	Y OF CLEARWATER KS AND RECREATION DEPARTMENT icipal Services Building S. Myrtle Ave. arwater, FL 33756				
(72	7) 562-4800				
	ease print)				
1.	YOOL REQUESTED:				
2.	Morningside PoolRoss Norton PoolHolt Avenue Pool Name of organization or individual(s) desiring lease:				
3.	Name of representative:				
	Address:Street City Zip				
	Day Telephone: Evening Telephone:				
4.	Alternate contact:				
	Telephone:				
5.	Type/purpose of event:				
6.	Number of participants expected:				
7.	Will there be any fees charged, donations solicited, or sales conducted during the event?				
	YesNo If yes, explain and designate how money will be used:				
8.	Date(s) of event requested: to				
9.	Rental hours requested: to				
10.	Pre-event preparation: Date: Hours:				
	What kind of supervision will be provided by the organization?				

12. Equipment Requested: (Note: Leasee will be billed for any damage to

	P.A. System	Pace Clocks	Lane Ropes	Starting Blocks			
	Kickboards						
13.	Pool requirements:						
	Number of Lanes Re	quired:					
	Diving Well Require Training Pool Requ	ed:Yes ired:Yes	No No				
SIG	NATURE OF APPLICANT		DA'	TE			
Subr	nit completed appli	cation to:					
P.O.	AS AND RECREATION BOX 4748 ARWATER, FL 33758						
Mono	additional informa lay-Friday.		562-4808, 9:00am	-5:00pm,			
ESTI	MATED CHARGES						
I.	BASIC RENTAL: \$5.00 PER LANE USED MULTIPLIED BY NUMBER OF DAYS						
II.	. HOURLY CHARGES: A. UTILITIES: \$10.00 PER HOUR USED B. PERSONNEL: \$15.00/HOUR/PERSON STRAIGHT TIME, \$20.00/HOUR/PERSON						
III.	DEPOSIT: \$15	.00 WITH APPLIC	ATION				
ALL	FEES DUE 14 DAYS P	RIOR TO EVENT!					
insu addi limi Liak open and this prov noti The	WRANCE: When request arance naming the C tional insured with t Bodily Injury and oility insurance sha tations of the Less including the cont to Lease Agreement. Viding the City of a ce prior to termina Lessee shall provide evidence that these	ity of Clearwat h minimum limit d Property Dama all cover liabi ee including pr ractual liabili The insurance p Clearwater with ation, nonrenew de to the City	er, its employees s of \$500,000 com ge per occurrence lity from all act oducts and comple ty assumed by the olicy must contain in thirty (30) day al, or restriction a copy of the inst	and agents as bined single . Said Public ivities and ted operations Lessee in n a provision ys a written n of coverage.			
•••							

THE FOLLOWING SECTION IS FOR CITY USE ONLY:

WORKSHEET

1. BASE RENT	LANES x	DAYS x \$5.00 =						
2. UTILITIES	HOURS	x \$10.00 =						
3. SET UP	HOURS	x \$15.00 =						
4. EVENT	HOURS	x \$15.00 =						
5. CLEAN-UP	HOURS	x \$15.00 =						
6. OVERTIME	HOURS	x \$20.00 =						
EVENT STATUS: PRIVATE USE PUBLIC/CIVIC/CHURCH CO-SPONSORED USE CITY RELATED USE		SUB-TOTAL = STATE SALES TAX = TOTAL FEE = LESS DEPOSIT = BALANCE DUE =	15.00					
Authorized by:								

Date:

The ORIGINAL application is to be returned to Parks & Recreation Administration for filing and retention in accordance with City and State guidelines.