



Aquatics Group Visit Reservation Request

VETERANS MEMORIAL COMMUNITY CENTER

8055 Barbara Avenue, Inver Grove Heights, MN 55077

Contact Person: _____

Phone: (w) _____ (c) _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Organization: _____ Non-Profit: Yes No Tax Exempt: Yes No

Total number attending (including both participants and supervisor/guardians) _____

Adult to child ratio ages 5 years and under _____ : _____ (1:4 is maximum ratio for < 5 years)

Adult to child ratio ages 6 to 11 years _____ : _____ (1:10 is maximum ratio for 6 to 11 years)

Adult to child ratio ages 12 to 17 years _____ : _____ (1:25 is maximum ratio for 12 to 17 years)

REQUEST FOR DATES AND TIMES:

Date: _____ Time: _____ Date: _____ Time: _____

Date: _____ Time: _____ Date: _____ Time: _____

Date: _____ Time: _____ Date: _____ Time: _____

RENTAL FEES: Payment due in full prior to visit, and a copy of tax exempt certificate ST-3 or ST-17 (if applicable) are required to secure a reservation.

GROUP DISCOUNT RATES (all ages/all entrants, regardless of intent to swim):

Package of 20–30 people: \$6 per person • Package of 30–50 people: \$5.50 per person • 50+ people: \$5 per person

Please see swim test and wristband policy regarding swimming ability and access.

Cancellation requests received 72 hours or more before the group visit date will be eligible for a refund minus a 15% administrative fee. No refunds will be issued for cancellations requests received less than 72 hours before the visit date.

Submit completed forms to mrosewood@ighmn.gov

Questions: 651-554-3423

www.ighmn.gov/pools

OFFICE USE ONLY Date request received: _____

Payment amount received \$ _____ Date entered: _____ Staff initials: _____

Visa Mastercard Discover Cash Check #: _____

Notes: _____

*Dates/times and capacity limits are subject to change to accommodate current statewide COVID-19 restrictions.