



Return this form to:  
Alex Ludwig  
[aludwig@ci.wheatridge.co.us](mailto:aludwig@ci.wheatridge.co.us)

# Group Pool Use Request

Wheat Ridge Recreation Center · Anderson Pool

Groups of 10 or more are required to submit this form to Wheat Ridge Aquatics staff **at least five days in advance** of your planned visit to the Wheat Ridge Recreation Center or Anderson Pool. Group rates for 10 or more swimmers are offered to Public and Private Schools, Churches, Day Care Agencies, Wheat Ridge Youth Sports Organizations, and other non-profit groups approved by the Aquatics Supervisor. Group rate: \$4 per adult, \$3.50 per child/youth. Groups who do not make a request/reservation at least five days in advance will be charged non-resident daily admission rates. For more information or questions, please call Wheat Ridge Aquatics at 303.231.1322.

Today's Date \_\_\_\_\_ Group Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Email \_\_\_\_\_

### Pool Requested

**Wheat Ridge Recreation Center**  
Indoor Lap and Leisure Pools  
4005 Kipling St. Wheat Ridge, CO 80033

**Anderson Pool**  
Outdoor Lap and Leisure Pools  
4355 Field St. Wheat Ridge, CO 80033

### Date Requested

### Time Requested

### Total Number of Guests \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

Number of children 5 & under \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Number of children 6 & older \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

Number of adults 18 & older \_\_\_\_\_

Special Accommodations Needed  Yes  No

What Type \_\_\_\_\_

I understand that all children 5 and under must be accompanied in the water by an adult within an arm's reach at all times. All children 3 and under are required to wear a swim diaper. No food or drink may be taken into the pool area. I understand that our group must be paid for all at once and prior to use of the pool. Groups must adhere to all facility rules and policies. Your group will be notified by the Aquatics Division upon approval.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<u><i>Aquatics Staff Use Only</i></u>	
Date Approved _____	Date Denied _____ Reason for Denial _____
Notified Contact on (date) _____	By (staff member) _____
Aquatics Staff Signature _____	Date _____