MCCS POOLS

Unit Event Request Form and User Agreement

Unit pool party events must be scheduled with at least 2 weeks advance notice. If your event is scheduled during normal operating hours the pool will be open to the public and the user fee per person will apply for anyone that does not have a season pass. If your event is scheduled outside of normal operating hours, the lifeguard rates below will apply.

PARRIS ISLAND						
Patrons	Lifeguards	1 Hour	2 Hours	3 Hours	4 Hours	Pool
1-100	4	$100	$200	$300	$400	Family Only
1-150	5	$125	$250	$375	$500	Family Only
1-200	6	$150	$300	$450	$600	O Pool Only
1-250	7	$175	$350	$525	$700	O Pool Only
1-300	8	$200	$400	$600	$800	Family & O Pool
LAUREL BAY & NAVAL HOSPITAL						
Patrons	Lifeguards	1 Hour	2 Hours	3 Hours	4 Hours	Pool
1-50	3	$75	$150	$225	$300	Naval Only
1-100	4	$100	$200	$300	$400	Laurel Bay & Naval
1-150	5	$125	$250	$375	$500	Laurel Bay Only
1-200	6	$150	$225	$400	$525	Laurel Bay Only

To reserve a pool for your event, please complete this registration form and submit it to your respective MCCS Coordinator.

Event: _____ Date: _____ Unit: _____ Time Block: _____

Requested By/Title: _____ Work Phone: _____ Alt. Phone: _____

Hosted By/Rank: _____ Work Phone: _____ Alt. Phone: _____

Pool Requested: ☐ Parris Island ☐ Laurel Bay ☐ Naval Hospital

→ **Number of guests expected: _____**

The number of guests determines the amount of lifeguards needed. Please be as accurate as possible with this number.

You must call (228-1587) 7 days prior to confirm this number.

INITIAL: _____ All pool parties are required to have an adequate number of lifeguards for the amount of patrons attending the event. The Aquatics Department will determine the number of lifeguards needed for each event and will charge the unit's Family Readiness Account upon permission from a Unit Funds Approving Official.

INITIAL: _____ Party may be cancelled due to inclement weather. The facility cannot operate during a thunder and/or lightning storm.

INITIAL: _____ No alcohol is permitted at any MCCS Pool or the direct vicinity, to include the parking lot.

INITIAL: _____ The host assumes all liability and responsibility for food being brought into the facility. No glass containers of any kind are allowed.

INITIAL: _____ No food is permitted on the pool deck; all food must remain in designated areas.

INITIAL: _____ The area will be cleaned after use and the trash cans will be emptied.

I, _____, agree and fully understand the terms of the user agreement above.

HOST SIGNATURE: _____ DATE: _____

APPROVING OFFICIAL NAME (PRINT): _____

APPROVING OFFICIAL SIGNATURE:_____ DATE:_____

ACCOUNT NUMBER:_____

OFFICE USE ONLY

Amount Owed: _____ #of Lifeguards required: _____

Form: SCM06132