

**NEW BERN PARKS AND RECREATION  
AQUATIC CENTER REQUEST FOR A RESERVATION APPLICATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Number of persons expected for event: \_\_\_\_\_

Indicate any "non-facility" item that you would like to bring. (Requires prior approval)

\_\_\_\_\_  
\_\_\_\_\_

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**Use of Facility Rules and Regulations (Please read and sign below)**

1. **No alcoholic beverages** allowed on City property or inside any City facility
2. User is responsible for any damages incurred during use of the facility. **User must leave facility clean.**
3. Any and all fees for use of facility must be paid in advance.
4. New Bern Parks & Recreation Department reserves the right to limit large groups
5. No grills or open cooking allowed
6. No glass containers
7. **ALL OTHER FACILITY RULES AND REGULATIONS APPLY.**

I have read the above rules and regulations and agree to follow them: \_\_\_\_\_  
Signature (must be 18 years of age or older)

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Request Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Staff Needed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Staff Assigned: \_\_\_\_\_

Request denied: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Return Address: New Bern Parks and Recreation, Administrative Office  
P.O. Box 1129  
1620 National Avenue  
New Bern, NC 28563  
Attn: Thurman Hardison  
Telephone: (252) 639-2900 Fax: (252) 636-4138