

# AQUATIC CENTER AND GEORGE STREET PARK SPRAYGROUND 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:

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

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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 posted rules and regulations must be adhered to.
8. There is a facility fee and a staff fee: these are paid separately.

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: Supervisor of Aquatic Facilities  
Telephone: (252) 639-2900 Fax: (252) 636-4138