



Aquatic Facilities Group Visit Rates

Discounted Group Visit Rates are available for **groups of 15 or more paid guests** planning to visit Fairview or Anderson Aquatic Centers. To arrange a group outing, reservations must be made by **submitting a Group Visit Application at least 3 business days in advance of the requested visit date**. Applications may be submitted beginning the first business day in March. **NOTE:** Payment must be received at time of visit unless otherwise approved in writing by the Aquatics Supervisor.

Groups visiting the aquatic facilities *without* scheduling their visit in advance will not be eligible for discounted group rates or to receive reserved space at the Aquatic Facility. Non-scheduled groups will be required to pay full price admission for all group members wishing to enter the facility (including adult chaperones).

Discounted Group Rates (for Fairview & Anderson Aquatic Centers)

- Children 2 & Under – Free
- Anderson: 3 & Over - \$5.00 Fairview: 3 & Over - \$6.00
- Adult Chaperones*

* Admission fees may be waived for adult chaperones of non-profits, day camps, and childcare or educational organizations.

Group Visit Policies

1. Applications must be submitted in person or via email to the Aquatic Supervisor at the Normal Parks & Recreation Department at least 3 business days before the visit date.
2. Persons applying for a group outing must be 21 years of age or older.
3. Groups with minor participants (0-17 years) must have one adult (18 years+) in attendance for every ten (10) minors.
4. The day-of contact must be present during the group visit and is responsible for all actions and behavior of the group members. Contact should also have emergency contact information available for all persons in their group.
5. All Normal Parks & Recreation sponsored activities shall have priority in all areas of the facilities.
6. All Pool Rules and Illinois Department of Public Health Guidelines must be followed.
7. In the event of inclement weather, refunds will be issued per the Aquatic Facility Refund Policy.
8. Any group that does not have adequate supervision, fails to maintain discipline, or does not follow the facility rules/regulations will be asked to leave. Refunds will not be issued and NPRD reserves the right to cancel future scheduled visits.
9. Payment must be received at time of visit unless pre-approved by the Aquatics Supervisor.
10. On the day of your visit, a representative from your group will check in on-site. The Pool Manager will complete a Final Count Form. This form will indicate the total number of admissions for your group, name and location of your organization, and will be used to invoice your organization after your visit (if previously approved by the Aquatics Supervisor).

Questions?

Contact Aquatics Supervisor Hanna Razo at (309) 454-9558 or hrazo@normal.org.

Normal Parks & Recreation Department Aquatic Facility Group Visit Application

Please complete and return to 100 E. Phoenix Ave. - Normal, IL 61761 OR
Email Aquatics Supervisor Hanna Razo at hrazo@normal.org

PLEASE FILL OUT A SEPARATE FORM FOR EACH VISIT.

A final confirmation will be emailed to your organization. Please provide an appropriate email address.

Name of Organization (if applicable):	Facility Choice <input type="checkbox"/> Anderson Aquatic Center <input type="checkbox"/> Fairview Family Aquatic Center	
Main Contact Name:	Main Contact's Title:	
Main Contact Email:	Main Contact Telephone:	
Day-of-Visit Contact Name:	Day-of-Visit Contact Telephone:	
Organization Address:	Organization City, State & Zip:	
Organization Telephone:	Organization Email Address:	
Do any members of your group have special needs and/or need special accommodations? ___ No ___ Yes, please specify:		
Requested Visit Date:	NOTE: Town of Normal Aquatic Facilities open at 11:30 a.m. for Group Visits.	
	Estimated Arrival Time:	Estimated Departure Time:
Requesting Adult Chaperone Fees Waived: ___ No ___ Yes	Pay Onsite at Time of Visit _____	Requesting Invoice after Visit _____

Anticipated Number of Visitors	Admission Fee	Total	*Admission fees may be waived for adult chaperones of non-profits, day camps, and childcare or educational organizations.
2 & Under	No Fee	\$ 0	
FAIRVIEW: 3 & Over	\$6.00		
ANDERSON: 3 & Over	\$5.00	\$	
Adult Chaperones*	May be Waived	\$	
Total Fees Due		\$	

Group Visit Rate Waiver & Information

I understand the rates and terms documented above and:

- My group must have at least 15 paid guests on the day of our visit to be considered for the group rate.
- Upon arrival to the Aquatic Facility, our group will check-in with a Facility Manager and complete the Final Count Form.
- The Final Count Form will be used to determine the total fee due for my group's visit. If approved in advance, The Final Count Form will be used to invoice our organization.
- If our organization is pre-approved, an invoice will be sent for our visit and payment due upon receipt of invoice.
- I have read and understand the Aquatic Facility Rules.
- I will have adequate adult supervision for any persons 17 and under in our group.
- Our Day-of contact and all the Adult Chaperones will obey and enforce all facility rules with our group members.
- I am responsible for all actions and behaviors of my group during their visit to the Normal Parks and Recreation Aquatic Facilities.

Contact Person's Signature

Date

OFFICE USE ONLY	Date Application Received/Processed: _____	Group Emailed: _____
	Payment On-Site: ___ Yes ___ No	If NO, Date Invoice Mailed: _____