

City of Davis User Group Reservation Form

Today's Date: _____

Name of person making the reservation: _____ Phone number: _____

Group:

- | | |
|--|--|
| <input type="checkbox"/> Aquastarz
<input type="checkbox"/> Davis Aquadarts
<input type="checkbox"/> Davis Aquatic Masters
<input type="checkbox"/> Davis Waterpolo Club
<input type="checkbox"/> DHS Boys Swim Team | <input type="checkbox"/> DHS Girls Swim Team
<input type="checkbox"/> DHS Boys Waterpolo
<input type="checkbox"/> DHS Girls Waterpolo
<input type="checkbox"/> Other: _____ |
|--|--|

Event Description	Dates	Days of the Week	Complex	Pool(s)	Time In	Time Out
<i>Example: Practice</i>	<i>9/20 – 10/6</i>	<i>M – F</i>	<i>Arroyo</i>	<i>Lap</i>	<i>9:00 a.m.</i>	<i>11:00 a.m.</i>

Please note: use is not confirmed until staff provides verbal or written confirmation.

For Official Use Only

Date Received: _____

Input into schedule by: _____ Date: _____

Comments: _____
