

**Buncombe County Schools Aquatics Center
 Facility Request Form**

*Application is only good for one fiscal year (July 1-June 30)
 REFER TO EXHIBIT B FOR A BREAKDOWN OF CHARGES*

Name of User _____ Purpose _____

Name of Organization _____

Contact Name _____ Phone _____ Fax _____

Address _____

Email _____

COMPLETED BY USER GROUP

Date(s) and Time(s) of Rental	No. of Lanes Requested or Full Pool	Number of Participants

Attach a second page if needed

Group Category:

- A – School use by Buncombe County/Asheville City Schools Swim Teams for practice. Buncombe County Government emergency use for safety training.
- B – YMCA (swim team for practice and swim meets; youth swim programs), Buncombe County/Asheville City Schools Swim Teams (swim meets) and other Buncombe County/Asheville City groups.
- C – Events run by a non-profit or non-Buncombe County/Asheville City public schools' entity.
- D – Non-educational events (private pool parties, camps, or swim clubs) or any event run by a for-profit company.

CURRENT CERTIFICATE OF LIABILITY INSURANCE ATTACHED. A Certificate of Liability Insurance is required for all user groups. \$1,000,000 for General Liability coverage with \$5,000 medical payment endorsements is required. **The Certificate of Liability Insurance document must show Buncombe County Board of Education, 175 Bingham Road, Asheville NC 28806 as the certificate holder, and as additional insured.**

ARMED SECURITY REQUIRED (to be paid by user group directly to officers)

CUSTODIAN NEEDED (after regular business hours)-*3 hr. minimum at \$30 per hour to be charged to the user group.*

**Fee Schedules can be found in Exhibit B
 For Office Use Only (To be completed by YMCA Staff)**

AMOUNT TO BE CHARGED: Make Check Payable to Buncombe County Schools		AMOUNT TO BE CHARGED: Make Check Payable to YMCA	
<input type="checkbox"/> Facility Fee	\$ _____	<input type="checkbox"/> Lifeguard Fee	\$ _____
<input type="checkbox"/> Custodial Fee	\$ _____		
<input type="checkbox"/> Other	\$ _____		
TOTAL AMOUNT DUE	\$ _____	TOTAL AMOUNT DUE	\$ _____
Date Payment Received	_____	Date Payment Received	_____

SUBMITTAL OF FACILITY REQUEST FORM: All facility request forms must be submitted five (5) business days in advance of requested rental date(s). Forms can be completed and submitted on the YMCA website at ymcawnc.org/form/buncombe-county-schools-aquatic or can be mailed to the following address:

YMCA of Western North Carolina
Attn: YMCA Business Center
40 North Merrimon Avenue, Ste. 301
Asheville, NC 28801

CANCELLATIONS: Written cancellations received at least seven (7) days prior to the event will be refunded 75 percent. Cancellations received two (2) to seven (7) days prior to the event will be refunded 50 percent. Cancellations received less than 48 hours prior to the event will not be refunded.

RETURNED CHECKS: In the event that any check presented as payment of fees for use of the aquatic center is dishonored for any reason (including non-sufficient funds or account closure), the event shall immediately be cancelled, unless satisfactory payment can be made at least fifteen (15) days prior to the actual event. Payment after a dishonored check must be in cash or money order form and must cover any fees incurred by BCS or the YMCA as a result of the dishonored check.

By signing below, I agree that I have read, understand and will abide by this agreement, the Buncombe County Facility use policies and procedures, and any facility rules. I also understand that a \$30 per hour fee is charged for custodial services outside normal hours. Final approval from the YMCA representative along with all anticipated fees is required prior to use of the aquatic facility. Donations are **not accepted** in lieu of facility use payments. By signing below, I also understand that I am expected to be honest when filling out this application. I understand that any false statements made on this form may, at the sole option of Buncombe County Schools and the YMCA, result in revocation of permission to use the aquatic facility, and the inability of me and/or my organization to use the aquatic facility in the future.

_____	_____
Requester Printed Name	Date
_____	_____
Requester Signature	Date
_____	_____
YMCA Representative	Date

FOR OFFICE USE ONLY

CHECK LIST

- The user group will submit two checks, the first check should be made payable to Buncombe County Schools for the facility, custodial and any other fees applicable. The second check should be made to the YMCA for lifeguard fees.
- Certificate of Liability Insurance attached.
- Does the Certificate of Liability insurance show Buncombe County Board of Education as the certificate holder and as additional insured? Must also include the address of 175 Bingham Road, Asheville 28806
- Form completely filled out and signed by requester and YMCA representative. It is very important that the dates the user group needs the facilities are on the form with each date recorded separately. This will help with calculating the total amount due for facility use. Make sure times of use are also recorded for each date used. Use a second page if needed.
- Facility use fee not applicable
- Dates of use do not overlap into the next fiscal year. A new application must be filled out for each fiscal year and fees paid.

When application is complete and user fees have been determined by the YMCA, two checks should be submitted to the YMCA.

Exhibit B

Rental fees and operation expenses vary depending on the group or organization requesting space.

Group A: School use by Buncombe County/Asheville City Schools Swim Teams for practice. Buncombe County Government emergency use for safety training.

Group B: YMCA (Swim Team for practice and swim meets; Youth Swim programs), Buncombe County/Asheville City Schools Swim Teams (swim meets) and other Buncombe County/Asheville City groups.

Group C: Events run by a non-profit or a non-Buncombe County/Asheville City public schools entity.

Group D: Non-educational events (private pool parties, camps, or swim clubs) or any event run by a for-profit company

Lap Swim Option

Rental Rates	Partial Pool*	Whole Pool Per Hour
Group A	No Charge	No Charge
Group B	\$15/Hour	\$15/Hour, \$25/hr/meets
Group C	\$25/Lane	\$275
Group D	\$30/Lane	\$325

*Minimum of 8 swimmers per lane for partial rental.

*Minimum of 2 lifeguards maintaining a 1:25 staff to participants ratio. All swim teams must cover the hourly cost of lifeguards.

Rec Rental Option

Rental Rates	Partial Pool Per Hour	Whole Pool Per Hour
Group A	No Charge	-
Group B	-	\$15
Group C	\$25/Lane	\$275
Group D	\$30/Lane	\$325

*Minimum of 2 lifeguards maintaining a 1:25 staff to participants ratio