## SI VIEW METRO PARKS

## P.O. Box 346, North Bend, WA 98045

Thank you for your interest in reserving **Si View Pool and/or Pool Parties!** We are excited to start the reservation process. Please complete all applicable information below and our facility coordinator will contact you with follow-up information: price quote, tour (if desired), and a rental agreement.

In order to get started on an agreement, please provide an answer to <u>all</u> fields:

| <b>General Information</b>               | !                             |                           |                          |     |
|--|-------------------------------|---------------------------|--------------------------|-----|
| First Name                               |                               |                           |                          |     |
| Last Name                                |                               |                           |                          |     |
| Address                                  |                               |                           |                          |     |
| City                                     |                               |                           | State                    | Zip |
| Home Phone                               |                               |                           | Cell Phone               |     |
| Email<br>Organization<br>(if applicable) |                               |                           |                          |     |
| Rental Information                       |                               |                           |                          |     |
| Location Space in Community Center       | Si View Pool                  |                           |                          |     |
|  | (Social Room, Classroom, Gym) |                           |                          |     |
| Date(s)                                  |                               |                           |                          |     |
| Day(s) of the Week                       |                               |                           |                          |     |
| Times                                    |                               |                           |                          |     |
| Event Type                               |                               |                           |                          |     |
|  |                               | (Birthday Party, Youth Ev | vent, Adult Event, Other | ·)  |
| Expected<br>Attendance                   | Adult                         |                           | Youth                    |     |
| Total Swimmers                           |                               |                           |                          |     |

Return completed form to: info@siviewpark.org or drop off at Si View Metro Parks office. Questions? Please call (425) 831-1900. Facility rules and restrictions vary. Please fully review facility information prior to submitting reservation request.

