



DEPARTMENT OF PARKS AND RECREATION  
 ADMINISTRATIVE SERVICES OFFICE  
 ATHLETIC AND FACILITY SERVICES DIVISION  
 300 N. Park Drive, Arlington, Virginia 22203  
 TEL 703-228-4747 TTY 711 parks.arlingtonva.us

FOR OFFICE USE

HH # \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## LONG BRIDGE AQUATICS & FITNESS CENTER EXTERNAL USER FACILITY REQUEST FORM

Please type or print clearly so that all information can be accurately processed. Incomplete or erroneous requests will not be processed and will be returned to the sender. Arlington County sponsored activities will receive priority over non-county activities. All groups requesting multiple facility spaces (more than two dates) must submit a roster with proof of 66% Arlington residency attached. Forms may be emailed to [facilitiescheduling@arlingtonva.us](mailto:facilitiescheduling@arlingtonva.us). **The facility is not guaranteed until all rental fees are paid in full and a facility permit is issued.** There will be an administrative fee for all refunds. If you have a previous balance on your account, you will not be permitted to reserve a facility until the balance is resolved. All rental rates can be found at [visitlongbridge.us](http://visitlongbridge.us) under the Rentals tab.

**New Account**  
 **Existing Account Household #** \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_  
 Group Affiliation (if Applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date(s): Start \_\_\_\_\_ Finish \_\_\_\_\_  
 Time: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Recurrence: \_\_\_\_\_  
 Day(s): *Check all that apply*  
 Mon\_\_ Tues\_\_ Wed\_\_ Thurs\_\_ Fri\_\_ Sat\_\_ Sun\_\_  
 Skip Dates: \_\_\_\_\_  
 Number of Participants: \_\_\_\_\_  
 Program Description: \_\_\_\_\_  
 Setup Preference: \_\_\_\_\_

TYPE OF RENTAL/SPACE
<input type="checkbox"/> 25-yard Lane: Number of Lanes _____
<input type="checkbox"/> 50-meter Lane: Number of Lanes _____
<input type="checkbox"/> Diving Well
<input type="checkbox"/> Leisure Pool Wet Classroom
<input type="checkbox"/> 50-meter Pool Wet Classroom
<input type="checkbox"/> 50-meter Pool Meet Office
<input type="checkbox"/> 50-meter Pool
<input type="checkbox"/> Leisure Pool
<input type="checkbox"/> Community Room 1
<input type="checkbox"/> Community Room 2
<input type="checkbox"/> Community Rooms 1&2
<input type="checkbox"/> Community Room 3
<input type="checkbox"/> Group Exercise Room
<input type="checkbox"/> Urban Allee
<input type="checkbox"/> Aquatics Center Event Lawn
<input type="checkbox"/> Aquatics Center Esplanade Plaza
<input type="checkbox"/> Full Facility
<input type="checkbox"/> Other _____

RESERVATION NEEDS
Include room setup specifications and tech equipment needed.

Do you have sufficient liability insurance to cover this activity? Yes\_\_ No\_\_  
 If yes, please provide the name of the carrier: \_\_\_\_\_ Coverage Amount: \_\_\_\_\_

Indemnification of County. User agrees that County will not be responsible for any loss, injury, or damage to persons or property which at any time may be suffered or sustained by lessee or by any person whosoever may at any time be using or occupying or visiting the premises or be in, on or about the same, whether such loss, injury, death or damage is caused by or in any way results from or arises out of any act, omission or negligence of user or of any occupant, visitor or user of any portions of the premises, or results from or is caused by any other matter or thing whether the same kind as or of a different kind than the matters or things above set forth. User covenants to save, defend, hold harmless and indemnify the County and all of its agents and employees from and against any and all claims, loss, damage, injury, cost (including court costs and attorney's fees) charge, liability or exposure, however caused, resulting from, arising out of or in any way connected with user occupation and use of the premises.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_