

Windsor Great Park Recreation Association Inc

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www.windsorgreatparkpool.com

COMMUNITY ROOM RENTAL FORM

Date of Event: _____

Type of Event: _____

Time: From _____ to _____

of Guests: _____

Individual or Organization Information

Name or Organization: _____

Point of Contact: _____

Address: _____

Phone No.: _____

Email: _____

Please acknowledge and initial the Rules and Regulations listed below:

_____ I understand that no alcoholic beverages are permitted on the premises without prior authorization from the WGPRA Board and in conjunction with a valid VABC Permit.

_____ I understand that all use of the restrooms, kitchens and community room area are to be left in the condition that it was received in (i.e. toilets flushed, all kitchen utensils washed, tables wiped down and trash placed into appropriate receptacles). All other cleaning and trash removal will be handled by WGPRA staff.

_____ I understand there is an internationally recognized pandemic situation. I acknowledge that I am enter the facility at my own risk. In the event that a guest test positive for COVID-19, Windsor Great Park Recreation Association, Inc will not be held liable for any related outcomes or medical expenses.

Community Room Rental Rate Calculation: _____ hrs x \$30/hr = \$_____

Payment Received on _____ (date) by _____

(WGPRA Staff) in the form of: _____ (Check, Card, Paypal, Cash).